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ABSTRACT

This report offers an assessment of the status of child development programs in Vermont based on information gathered by the Interagency Council on Child Development which was created by the Vermont legislature in 1974. Program descriptions for each state department, division and agency represented on the Council, and several not represented, are included in the report: the human services agency, corrections department, health department, mental health department, social and rehabilitation services department, social welfare department, education department, governor's commission on administration of justice, office of child development and University of Vermont extension service. Research and information meetings resulted in the identification of four generalized categories of findings: positive dynamics, duplication of services, gaps in services, and problem areas. These findings are discussed and Council recommendations are outlined. The appendix includes maps of the agency, department and division geographic boundaries. (ED)

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INTERAGENCY COUNCIL

ON CHILD DEVELOPMENT

A PROGRESS REPORT

FROM THE

Department of Education and *Agency of Human Services*

April, 1975

INTERAGENCY COUNCIL

Agency of Human Services — Department of Education

on

Child Development

Progress Report — March 1975

LETTER OF TRANSMITTAL

To the General Assembly of the State of Vermont

In accordance with the provisions of Bill 245 (an Act to add 33 VSA Chapter 46 relating to Child Development) a report of the Interagency Council on Child Development is herewith submitted for your consideration.

Respectfully submitted,

Thomas C. Davis, Secretary
Agency of Human Services

Anthony Robbins, Commissioner
Department of Health

Jan S. Garvin, Director
Special Education
Department of Education

Karlene V. Russell, Director
Elementary and Secondary Educatio
Department of Education

Joseph S. Handy, Commissioner
Department of Social and Rehabilitation Services

R. Kent Stoneman, Commissioner
Department of Corrections

Robert L. Okin, Commissioner
Department of Mental Health

Margaret H. Trautz, Acting Director
Planning Division
Agency of Human Services

Paul R. Philbrook, Commissioner
Department of Social Welfare

Robert A. Withey, Commissioner
Department of Education
(Chairman)

PREFACE

The Interagency Council on Child Development was created by the 1974 Legislature to assess the status of Child Development programs in Vermont. The Legislative charge states that the Council submit a report to the 1975 Legislature.

The Council feels it has made a good beginning on a task of importance to providers and consumers of child development services. It has educated itself on the wide variety of programs represented by its membership. It has discussed issues involving improved delivery of services and coordination of inter-departmental programs. It has collected a base of data on State programs impacting on children 0-18 years of age.

The Council has also come to agreement on the focus its efforts should take in the future. Its next task will involve examination of the area of early childhood development. With increasing emphasis on this early childhood period at national, state and local levels by providers and consumers alike, the Council believes examination will be a worthy investment in time, planning and assessment of programs.

ACKNOWLEDGEMENTS

A report on a subject as complex and far reaching as Child Development in Vermont has required the input of many people. Council members; departmental staff personnel; providers of children's services throughout the State; consumers of services, i.e. parents and children ; present and former members of the Legislature and professionals from other states have all provided insights, data and support for the Council. The Council extends its appreciation to those observers who have attended its meetings, who have maintained consistent productive support from the beginnings of a valuable endeavor. Its appreciation to all who have helped is cordially extended. Vermont is fortunate to have the services of so many dedicated people who want the best for its children. The Council membership recognizes the dedication and perseverance it takes to do a job well. It is hoped that acknowledgement in this report is taken as individual thanks to all whose interest and energies have helped.

Funding for the Interagency Council on Child Development staff was made possible through the cooperation of the Agency of Human Services, Department of Education and the New England Program for Teacher Education. The spirit of mutual cooperation which made this possible has been appreciated by the Council. Such cooperation both interstate and interagency has contributed towards our goal of high quality of delivery of services to children.

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CHAPTER I

HISTORY OF THE COUNCIL

Creation of the Interagency Council by the 1974 Legislature was the result of increasingly intense focusing on problems involving Child Development. Issues involving day care programs and their level of funding; alternatives to institutional care for children of all ages; and a growing awareness of the importance of parenting skills as a preventive measure were among the wide variety of concerns addressed by the Legislature and the public at large.

State-wide conferences such as the conference on Juvenile Justice and Child Placement, the Alternatives sponsored by the Governor's Committee on Children and Youth; Children and Risk sponsored by the Vermont Conference for Social Concerns indicated a continuing concern to assess exactly what is happening to Vermont children. Reports including the "Committed Children's Study"; the "Governor's Commission of the Status of Women Report on Day Care" and the anticipated Department of Education position paper on "Early Childhood" are indicators of the need and concern to document problems and devise solutions in the area of Child Development. Moreover, the desirability of maintaining interagency planning is seen as increasingly important in these times of economic pressures.

The issue of how to prioritize, coordinate and plan these programs necessary for the healthy growth of Vermont children becomes a dominant one. The variety and complexity of Federal, State and Local programs which impact on the lives of children in combination with the programs

meetings has been a valuable addition. Also, the relationship between participants and involved departments has been strengthened. Information about individual departments and their programs has been found to be most useful for those in the children's advocacy role. It is the intent of the Council to continue open meetings and to increase the involvement of observers possibly with membership at the subcommittee level in a resource capacity. Groups who attended consistently include: Vermont League of Women Voters; Children First; Governor's Committee on Children and Youth; University of Vermont Extension Service; Elm Hill School; Governor's Commission on the Status of Women; Parent-Child Center, Barton; Headstart Directors Association; Day Care Advisory Council; Vermont YWCA; Governor's Commission on the Administration of Justice; and Office of Child Development. In addition, observers included UVM students, and private citizens. Former Representative Kenalene Collins, Readsboro, attended one meeting and gave testimony to the Council.

The Council convened for a total of nine meetings, in addition to a Council panel presentation given twice at the Annual Meeting of the Vermont Conference for Social Concerns. An entire morning period was blocked out for each meeting.

Definition of the Task

Meetings were utilized for five general purposes.

1. Definition of the task to be accomplished by the Council.
2. Informational sessions with presentations by each Agency, Department and Division represented.
3. Identification of problem areas.
4. Planning for future implementation of programs.

5. Discussion of impacts on child development programs. These areas include discussion of social, economic and philosophical considerations.

The Bill which created the Interagency Council included provision for a staff member to function as Executive Secretary. Her duties in addition to scheduling and arranging meetings, preparing agenda and minutes also included collection of data about child development. These duties involved investigating the nature of programs throughout the State; consulting with concerned professionals and other community members on occurrence of problems, and determining what solutions seem possible. Collecting and disseminating information about existing programs has become an increasingly important part of the Executive Secretary's role. The Executive Secretary also has been active in promoting and supporting local and regional efforts to coordinate programs.

CHAPTER II

PROGRAM DESCRIPTIONS

The following materials include program descriptions in each Department, Division and Agency represented on the Council. In addition materials presented to the Council by organizations not represented on the Council but with programs with significant impact on children are included. Organizations providing supplementary materials are the Office of Child Development, Governor's Commission on Administration of Justice and the University of Vermont Extension Service.

Agency and Department Programs in order of appearance follow:

Human Services Agency

Corrections Department

Health Department

Mental Health Department

Social and Rehabilitation Services Department

Social Welfare Department

Education Department

AGENCY OF HUMAN SERVICES

GOALS

TO MAINTAIN A DECENT STANDARD OF LIVING FOR THOSE DEPENDENT INDIVIDUALS FOR WHOM THERE ARE NO OTHER ALTERNATIVES

TO PREVENT DEPENDENCE OF INDIVIDUALS ON PUBLIC INSTITUTIONS AND RESOURCES

TO PROVIDE A MEANS FOR MOVING THOSE INDIVIDUALS FOR WHOM IT IS APPROPRIATE FROM INSTITUTIONS TO COMMUNITY-BASED SERVICES

INSURE THAT EACH GOAL IS ACHIEVED IN A MANNER THAT:

* MEETS INDIVIDUALS NEEDS, and

* MAXIMIZES HUMAN POTENTIAL

AGENCY PRIORITY OBJECTIVES CONTINUE TO BE:

* DE-INSTITUTIONALIZATION
* PREVENTION PROGRAMS
* IMPROVED RESOURCE PLANNING, MANAGEMENT AND COORDINATION
* INSURE DECENT STANDARD OF LIVING THROUGH INCOME MAINTENANCE PROGRAMS

IN ADDITION, AHS WILL GIVE PARTICULAR FOCUS TO:

* INCREASED ACCOUNTABILITY TO CLIENTS AND TO THE PUBLIC[1]
* VERMONT'S HEALTH CARE SYSTEM[2]
  --COST OF MEDICAL CARE
  --ORGANIZATIONAL ISSUES
  --LONG TERM CARE
  --HOME CARE AND OTHER ALTERNATIVES

[1]Report on human services' client and public accountability efforts will be provided on November 30, 1975.

[2]Special report on Vermont health care issues will be completed March 15, 1975.

AGENCY OF HUMAN SERVICES ACTIVITIES

1973 through 1974

During the last two years, the Agency of Human Services through its central office staff (Planning Division and Administrative Services Division) has directed its activities at two overall objectives:

* Improving the human services delivery system through increasing service resources and coordination at the local level.

* Improving management, planning, program development and evaluation through coordination of services and administrative functions, elimination of duplication of effort and technical assistance to departments.

The activities listed on the following pages are examples of Agency efforts directed at improving human services programs, increasing available resources and increasing savings to the State.

OBJECTIVE: TO MAKE MAXIMUM UTILIZATION OF ALL AVAILABLE RESOURCES FOR SERVICES

AHS has been able to increase community-based services through more efficient utilization of federal funding of programs for Vermont.

1. Title IV-A/VI Expansion

AHS developed a plan for enabling increased utilization of these federal programs amounting to $2,266,872 with no additional use of State General Funds. Examples of services (new or expanded) resulting from these efforts:

* Community-based services for mentally retarded (sheltered workshops, day activity, screening, therapy)	$268,641
* Community services for mentally ill (Vermont State Hospital aftercare)	105,123
* Alcohol treatment services	77,640
* Transportation to services (day care, mentally retarded) aged, blind and disabled)	

In addition, Title IV-A/VI has been utilized to prevent reduction of the following services that would have been effected by budget reduction:

* Public Health Nursing	$ 50,000
* Department of Corrections, field staff and alternate care for juveniles	
* Social Services staff, homemaker services and transportation	175,000
* Management and accounting functions	50,000
* Match for OEO programs	15,000
* Blind services	23,250
	$513,250

2. Medicaid Expansion Test

AHS increased home care services by matching Home Health Agencies' State appropriation with Title XIX funds, enabling an increase of $60,000 in services for over 320 clients who might otherwise require institutional care.

3. Capacity Building Grant

In recognition of AHS progress in developing coordinated management and service delivery, HEW has awarded the Agency a $60,000 grant to continue and expand these efforts. These funds are providing staff support in the Agency's Planning Division.

4. Alternate Care Review Board

Through an LEAA grant, funds have been made available to AHS to increase purchase of services for Department of Corrections' clients, to provide seed grants for developing alternate care resources at the community level and to develop within AHS a coordinated system for licensing, rate-setting, monitoring and evaluation of alternate care facilities. Total amount of the grant is $270,000.

5. EPSDT

Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program was developed through coordination of existing AHS and Department staff and utilizes existing community resources for providing services. Annual savings of $270,000 in federal penalties if program had not been implemented.

6. GA/Manpower Work Experience Program

AHS assisted in developing plan application for short term employment programs for GA clients.

7. Medicaid Program at State Hospital for "Under 21" Population

AHS caused the immediate implementation of the federally funded program at Vermont State Hospital. This produced $85,666 in Federal recoveries in the first six months, heretofore unused.

OBJECTIVE: TO IMPROVE RESOURCE PLANNING, MANAGEMENT AND COORDINATION; TO PREVENT DUPLICATION OF EFFORT

The following on-going AHS activities are carried out in an effort to assure that there is minimal duplication of services, coordinated planning for the development of any new service and more efficient utilization of all resources. These functions have been developed by utilizing existing staff resources.

1. State Plans

AHS is the single state agency for the following State Plans:

* Aging Plan
* Developmental Disabilities
* Food Stamps
* Income Maintenance
* Vocational Rehabilitation
* Title IV-A and VI
* Drug Treatment Plan
* Alcohol Plan
* Title XIX Plan (Medical Services)

AHS Planning and Administrative Services staff review all State Plans to assure that there is continuity of goals and objectives, coordination of services and resources without duplication.

2. Contract Review

AHS has initiated contract review procedures. Departments wishing to enter into contracts with private service providers, consulting firms, etc. must submit statements of intent to the Agency. Contract review allows for early identification of potential duplication, for coordinated planning at an initial stage of development and for notification to Departments of the availability of new resources.

3. Title IV-A/VI Single Organizational Unit

AHS directs the Title IV-A/VI program planning and administration through a coordinating committee consisting of representatives of all Agency departments and offices. Joint planning and delegation of specific management responsibility to departments has precluded need for any new state dollars for these functions--uniform contract procedures have been developed for AHS.

4. AHS Training Committee

Training personnel throughout AHS have established a coordinating committee to develop Agency-wide training and orientation programs, consolidate resources, training materials, etc.

5. Automated Capital Asset Inventory System

Utilizes existing computer programs for maintenance of inventory control of all AHS District Office equipment.

6. Improved Accounting System

Revised AHS accounting system through the use of location codes. Annual potential savings of $10,000.

7. Technical Assistance to Departments

AHS Planning Division staff have provided technical assistance to departments, performing specific services which might otherwise have required utilization of consultants or consulting firms. This demonstrates substantially decreased utilization of consulting firms during the last two years: from $498,955 in management consultant contracts in 1972 alone to less than $100,000 during the two year period of 1973-1974.

General Assistance Study

AHS Staff conducted a study of General Assistance population, recommended program improvements, developed mechanisms for on-going accountability (DSW estimated the study to be equal to a $50,000 consulting contract).

Social Services Evaluation

Social Services evaluation conducted by AHS staff with assistance of temporary staff. Originally intended to be performed with consulting contract; lowest bid on proposal had been over $40,000.

Evaluation of Springfield Wheels Project

AHS conducted evaluation at request of Project Director, recommended operation and management changes to allow continuation of the services.

Electrical Energy Study

AHS conducted analysis of electrical power needs of welfare clients, recommended improved allowance schedule for DSW recipients (including "life line" services).

Blind Services Information System

Automated information system was developed by AHS for Social and Rehabilitation Services; was designed to preclude need for any new technical staff. Information system was designed to identify IV-A matching, generating annual federal financial participation of $23,250.

Alcohol Program Information System

AHS has assisted ADAD central and field staff to identify manage- ment and case information needs; have recommended improved procedures and records for internal management information system.

Day Care Information System

AHS designed automated information system for day care program; monitors program utilization and provides management tool for projecting costs.

General Assistance Program Information System

Designed by AHS staff, provides an automated management information system for the General Assistance Program.

Social Services Division Management Group

AHS staff work with Division in developing goals, objectives and management techniques.

Evaluation of Social Services Information System

AHS assessed existing information system, recommended improvements and revision.

8. Affirmative Action Plan

Through AHS Personnel action, the following accomplishments have resulted in an Agency Affirmative Action Plan that exceeds federal standards for equal employment opportunities.

* Development of 7 career ladders involving 66 separate classes, 1175 positions, and all departments of the Agency.

* Elimination of artificial qualification requirements for positions. Current analysis shows that 75% or 1439 positions within AHS require less than a Bachelor's degree as a minimum qualification requirement.

* Employment of Women: Of the total position within AHS at the end of FY 74, 55.7% were filled by women. Of the net gain of 227 employees during FY 74, 2/3 of the additions were female. Also of importance is the fact that the highest percentage of increase of women has been from Pay Scale 15 (major supervisory level) and above.

The above have been cited by Regional and Federal U.S. Civil Service Commission officials as exceptional accomplishments which serve as a model for the New England region.

OBJECTIVE: TO COORDINATE AND INTEGRATE SERVICES RECEIVED BY CLIENTS

During the last two years, the development of human services programs has been accomplished through close coordination of department programs and resources directed at meeting client needs. It is the responsibility of the Agency of Human Services to assure that whatever services are required by clients are mobilized in a systematic way and that the burden of finding appropriate assistance does not rest solely on the client.

* Co-location

  AHS has actively pursued all opportunities to co-locate office space and support services in field locations. An important objective of co-location is to encourage the multiple use of sharable facilities such as telephone systems, reception capabilities, waiting rooms, copiers, secretarial support and conference rooms and to consolidate overhead costs (rent, utilities, janitorial services). A second objective of co-location is to increase accessibility of services to the public.

* Service Delivery Integration

  In conjunction with field office co-location, AHS has begun to identify those common functions among field staff affecting client service delivery and to develop more efficient procedures for carrying out the following responsibilities: client outreach, information and referral, intake, preliminary problem assessment and public information.

* Deinstitutionalization (See Special Report on Deinstitutionalization) It is the policy of the Agency of Human Services to prevent institutionalization of those citizens in need of intensive, comprehensive care and to provide at the community level the network of comprehensive services which can serve as alternatives to commitment to institutions. During the last two years, great strides have been made in the development of these alternatives, in the reduction of the population in institutions and in the return of clients to community environments.

Deinstitutionalization efforts in Vermont are being developed for a number of specific populations:

* Children Committed to the State
* Mentally Retarded
* Elderly Citizens
* Mentally Ill
* Alcohol and Drug Abuse Clients

Services required by these clients include education, manpower training and employment, health, mental health, vocational rehabilitation and social services. These services along with new resources (made available through Title IV-A/VI funding) such as community aftercare, day activity centers and sheltered workshops, require close coordination in order to meet client needs.

AGENCY OF HUMAN SERVICES

Estimated Major Expenditures
Children's Services - FY 74

Program	FY Expenditure	% for Children*	Expenditure for Children
Office of Child Development	$ 184,000	100%	$ 184,000
Brandon Training School	4,502,000	55%	2,476,100
Vt. State Hospital	6,682,000	8%	534,500
Community Mental Health	1,150,000	28%	322,000
Developmental Disabilities	100,000	100%	100,000
ANFC	20,883,000	70%	14,618,000
Medicaid (Non AABD)	9,885,000	50%	4,943,000
General Assistance	2,436,000	46%	1,120,600
Foster Grandparents	115,000	100%	115,000
Weeks School	1,608,000	100%	1,608,000
Dental Health	242,000	100%	242,000
Child Health Service	1,882,000	100%	1,882,000
SRS - Day Care	1,953,000	100%	1,953,000
Foster Care	1,695,000	100%	1,695,000
Administration	1,912,000	75%	1,434,000
			$33,227,200

Total AHS FY 74 Expenditures for All Purposes = $96,157,000
** Total AHS FY 74 Expenditures for Children = 33,227,200

% of Budget for Children's Services = 35%

* Approximate % of children under 18 years of age served
** Includes only Major Program Expenditures

VERMONT DEPARTMENT OF CORRECTIONS

JUVENILE SERVICES

DIVERSION

The Burlington diversion program is operated cooperatively by Burlington Probation and Parole, the State's Attorney's Office, and the Chittenden County Youth Services Bureau. A Probation and Parole officer, or a volunteer under his supervision, completes a preliminary investigation, and if an alternative placement utilizing community resources can be identified the case is then passed on to the Youth Services Bureau. They in turn make the appropriate referrals, and follow up the youth's progress. Of the 46 referrals during the first six months of the program 40 were found suitable for community programming and referred to the Youth Services Bureau, which makes the placement. Of those diverted, 3 were returned to court for disposition, and all were put on juvenile probation. A similar program is getting underway in the Barre area, although a Youth Services Bureau is not yet functioning in that area.

COURT SERVICES

1. Detention - Institutional detention pending adjudication and disposition is provided at Weeks School. Detention is provided for both Social Rehabilitation Services and Department of Corrections cases. During 1974, there were 146 detention admissions at Weeks School.

(80 delinquent, 66 unmanageable). In a few cases, probation officers have provided supervision or found local "shelter care" for juvenile detentioners.

2. Pre-disposition Investigations - and reports are prepared for the court on all juveniles who are adjudicated delinquent. The report includes case history information, and a disposition recommendation to the judge. During the 12 months from May 1973 to April 1974, 281 pre-disposition reports were written by officers from the Division of Probation and Parole. The officer writing the report is often responsible for its implementation.

EVALUATION

1. In the Community - To avoid unnecessary institutionalization, the Division of Probation & Parole purchases evaluation/assessment services from community mental health or other sources for juvenile probationers as needed. This may be done as part of the predisposition report, or as an aid to case planning for probationers.
2. Turrell Evaluation Center - TEC provides institutional evaluation services to adjudicated delinquents or CINS who are sent to Weeks School, and to juveniles referred by the court. During the period August 1, 1973 to April 30, 1974, 138 students have been evaluated and 71 placed outside of Weeks School. TEC is responsible for development of the initial "diagnosis and treatment plan" required by ACT 232.

Evaluation is provided through TEC for detentioners on a voluntary basis, with the permission of the juvenile, the judge involved, and the child's parents or guardian.

COMMUNITY LEVEL PROGRAMMING

The Division of Probation and Parole is responsible for supervising 160 juvenile probationers, 65 Weeks School aftercare clients, and 11 juveniles under protective supervision.

Supervision involves meeting with the client and his family and attempting to bring resources, from the department and the community, to bear on the client needs. A major part of the Department's LEAA purchase of service grant (approximately $207,000 in FY 73) is used to provide the needed services to juvenile courts.

Examples of purchased services are:

Group homes placements

Foster homes placements

Residential drug treatment

"Outpatient" drug treatment

Alternative educational programs

Recreation programs such as Outward Bound

Psychological or psychiatric services

Medical and dental care

Vocational training

On-the-job training

Other services are provided either through purchase or directly by the officer, such as:

Group and individual counseling

Individual counseling

Family counseling

Employment services

Educational counseling

Officers also provide program coordination between various agencies such as schools, mental health centers, work placements, etc. They sometimes provide supervision for Weeks School students on visit or trial placement.

Volunteers work with juveniles throughout the state, both on a one-to-one basis and in programs involving groups of people. They provide invaluable assistance in operating the Burlington division project.

A major difficulty in providing community based services is the wide variations in their availability. Many more programs are available for boys than for girls. More consistent levels of service will be required if community resources are to serve the maximum number of juveniles. Chittenden County has many services and programs available in the community, while Washington and Caledonia Counties have very few.

WEEKS SCHOOL

The revised juvenile statutes define the Weeks School population to include (a) juveniles who are adjudicated delinquent, and remanded to the Weeks School and (b) juveniles who are adjudicated in need of supervision under 33 VSA 632. (c) Weeks School is to serve those juveniles who cannot be programmed in the community; either because they require a more structured setting, or because the needed programs are unavailable. The average daily population of Weeks School during the 12 months of 1973 to 1974 was 89.

The following services are provided at Weeks School:

1. Basic Care Services - provided to all Weeks School residents, including food, clothing, housing, and other basic needs.

2. Medical Services - Weeks School operates a 13-bed infirmary, and provides care for routine illness and injury, preventative innoculations, and temporary emergency care while awaiting rescue assistance.

3. Transportation for doctor appointments, home visits, recreation, and other activities is provided by the school.

4. Business Services - including making application on behalf of students for social security, medicare, DSW, or other benefits. Student accounts are also maintained.

5. Casework Management - Cottage teams, in cooperation with TEC, develop and implement a treatment program for each student. The plan includes an educational program specifically aimed at meeting the students' individual needs. Program coordinators, cottage parents, and teachers make up the teams.

6. Individual and Group Counseling - is provided through professionals on contract with Weeks School. Most psychiatric work is done during the evaluation period, although expansion to provide such services to students in the cottages, and training for cottage staff is planned for the current FY. Psychological services include assessment interviews, and psychological testing.

7. Psychiatric and Psychological services are provided through professionals on contract with Weeks School. Most psychiatric work is done during the evaluation period, although expansion to provide such services to students in the cottages, and

training for cottage staff is planned for the current FY. Psychological services include assessment interviews, and psychological testing.

8. Educational program for students is either an internal, individually designed program which is carried out in the cottage and the Harrison Greenleaf Junior High (about 90 students), or participation in a public school program (about 15 students). Academic students who attend public school go to Vergennes High School and Middlebury Union High School. Vocational education is provided at Middlebury Regional Vocational High School. Eighth grade students may also participate in vocational exposure program at the Middlebury School.

9. Vocational Counseling and career development are provided through a federally funded vocational counselor.

10. Work experience, to a limited degree, is provided through jobs on the school grounds, (including such tasks as maintenance, painting, carpentry, electrical work, plumbing, grounds care) off campus, on-the-job training experiences, casual jobs on and off grounds. The emphasis is on making money and developing work habits and not vocational skill development. About one-third of the students are involved in work at some level.

11. Recreation - Swimming, canoeing, hiking, bowling, basketball, football, soccer, gymnastics and other activities if students express interest.

12. Sex Education and Counseling - Sex education is provided through the education program. Counseling for pregnant girls is provided by cottage teams and referral to clergy and planned parenthood. Referrals are based on the preferences of the girl and her parents.

13. Drug and Alcohol Treatment and Education - The cottage staff try to provide education regarding drugs and alcohol. Treatment of drug and alcohol problems is through counseling from cottage staff and/or referral to outside agencies.

13a. Legal Services - Through the Public Defenders Office, a Juvenile Defender is in residence at Weeks during part of each week. He provides legal counseling and representation to students at their request, and at times, acts as an advocate in solving problems within the school.

14. Volunteer Programs - Almost all the functions listed above have been carried out with the help of volunteers. They have also provided some students with a one-to-one relationship with an adult who is not in a position of authority. There are an average of 20 volunteers involved with students at Weeks School.

15. Home Visits - are utilized to help students maintain family and community ties, and to encourage them to try out their interpersonal and social skills in a "real life" situation. Almost all students have home visits once a month.

16. Aftercare planning is done by cottage teams in conjunction with juvenile officers in the Division of Probation and Parole or Social Rehabilitative case workers.

17. Referrals to alternative care facilities, as part of a long-term program at Weeks School, or on a trial basis in preparation for aftercare, is an important part of the program. (See Section (V) for examples of possible referrals).

JUVENILES ADJUDICATED AS ADULTS

The Department has about a dozen clients in adult institutions who are 16 or 17 years of age, and who are charged as adults. They are involved in adult programs at all levels. There are also, no doubt, some 16 and 17 year olds sentenced to adult probation. An estimate of this population is not available.

HEALTH DEPARTMENT PROGRAMS AND SERVICES

FOR

CHILDREN

The Maternal and Child Health and Handicapped Children's Programs are based on the philosophy that medical services of the whole population of children, ages 0-21, are the responsibility of the Department of Health. This, then, is considered our target population. Our services are developed in response to needs of the target population. An important component of these services is the coordination of many persons who will work with a child regarding medical problems. Thus, this Division provides certain medical services of a high quality nature, organizing these services and other supportive services, and following through with the patient to see that the services he gets are what he needs, or finding and helping him to get to other services. The medical services for children are aimed first at the prevention of disease, then detection of disease, and, following this, the rehabilitation of the disease process in order to lessen the disability and restore the child to as near normal as possible. All of the services of this Division are offered to the entire target population without charge.

A. MATERNAL AND CHILD HEALTH SERVICES

Specific services provided are:

CHILD DEVELOPMENT CLINIC - This is a service which is established in Burlington under the direction of a pediatric neurologist.

It provides diagnosis, counseling, and in some instances on-going care, for children with suspected mental retardation. The emphasis is primarily on children ages 0-7. On the staff, besides the pediatric neurologist, are a psychologist, a social worker, and a nurse practitioner. This clinic works very closely with the Department of Pediatrics at the University of Vermont, and the Vermont Achievement Center. The Child Development Clinic personnel also sees children in consultation and conjunction with orthopedic clinic personnel at various areas around the state on a periodic basis.

WELL CHILD CONFERENCES - Well Child Conferences are held by the Public Health Nursing personnel throughout the state periodically. An attempt is made to have a least one per year in each town. Information on these can be obtained from local Public Health Nurse Offices. These conferences may be primarily for the pre-school child, school readiness clinics, school health clinics, immunization clinics, health supervision clinics, or comprehensive care clinics for the sick as well as the well child, though the primary emphasis is on the "well child". Health assessment is done at these clinics, including screening tests, as well as the services of specialized personnel such as physicians, nurses, social workers, mental health personnel etc. These are often jointly held with Home Health Agencies, school nurses, or voluntary groups of citizens.

HOME VISITING BY PUBLIC HEALTH NURSES - These home visits may be initiated at the request of a physician, from a hospital, from a well child clinic, or other agency.

NEWBORN VISITS BY PUBLIC HEALTH NURSES - These visits are made to newborns upon referral by physicians or the newborn nursery when a child is seen to fall within a possible high risk category for problems. These might include unmarried mothers, mothers who lack high school education, mothers over 40 or under 20 years of age, mothers of twins, birth defects, prematurity, mothers with more than four children, or mothers of a first child in an isolated area, etc.

RELATIONSHIPS WITH DAY CARE AND HEAD START - Public Health Nursing has also worked closely with the Office of Child Development in relation to health services for children enrolled in Day Care and Head Start groups. This was initiated because of the regulation requiring all children to have a certificate of up-to-date immunization prior to entering a day care setting. It has further evolved that availability of services and location of day care centers has been discussed and interchanged with appropriate personnel so that they are working closely on a local basis at the present time.

NURSE CONSULTANTS - The Public Health Nursing Division also employs a School Nurse Consultant who coordinates activities of the school nurses throughout the state and helps bridge

gaps between the Department of Education, The Department of Health and private providers. A new bulletin has just been published by the Department of Education entitled, "Vermont School Health Services Recommended Program", which is a result of combined efforts on the part of many people. A Maternal and Child Health Nurse Consultant is also employed by the Public Health Nursing Division.

DIAGNOSTIC PROGRAM - This program provides for payment to participating pediatricians in the various communities when diagnostic assistance is requested by another physician. This service also will cover a 4-day in-patient diagnostic evaluation at the Medical Center Hospital of Vermont if request is made by a physician to this Division. Out-patient diagnostic services may also be obtained for such special services as neurology, etc., upon request of a physician.

PROJECTS - Newly implemented are the Children and Youth Projects which are primarily pilot model projects for the comprehensive care of children in a defined geographic area. Projects now exist in the St. Johnsbury area and the Winooski-Colchester area. There will soon be such a project in the Springfield area. These projects provide for all types of health supervision services to all children of certain ages as defined by the local project group, including dental, social services, nutrition services, family planning services. They will include, for those children financially eligible,

treatment services, whether in-patient or out-patient. Financial eligibility for the treatment services has been, at the present time, designated to be that of the "Tooth Fairy" level of $5,750 family income. As time goes on and we are able to ascertain our ability to finance such services as these we will expand them both geographically and financially. The Maternity and Infant Care Project is a project similar to the Children and Youth Project and located in Winooski - Colchester. It is for pregnant mothers and their follow-up care for one year, as well as their children for one year. This also includes treatment and delivery services as well as comprehensive services such as social services, dental services, nutrition services.

The Maternal and Child Health Division also has administrative and planning roles with a number of others agencies such as Planned Parenthood of Vermont, Vermont Dental Care, Inc., the Vermont Achievement Center, Head Start, In addition, some Maternal and Child Health money and expertise also goes directly into Family Planning, Dental Health, Intensive Care of the Newborn.

Nutrition services are an intregal part of Maternal and Child Health Services. We employ a public health nutritionist who is available for consultation.

Vaccination assistance services are also a part of the Maternal and Child Health Division. The vaccination assistance service provides direct vaccine and immunization information of all kinds to both

Physicians and public and private agencies for the immunization of persons of the state of Vermont.

The Supplemental feeding program is a part of the Maternal and Child Health Division. This is a program form the U. S. Department of Agriculture to provide specified foods to persons who are determined to be medically in need of these foods. Persons receiving food must be pregnant or lactating mothers and children up to 4 years of age. The guidelines for this potentially cover approximately 61% of the state's population and enrollment is taking place at the present throughout the state through Public Health Nursing Offices.

The Maternal and Child Health Office has been the center of the project concerning child abuse which was actually funded from the Agency of Human Services. This person has provided a clearing-house role and advocacy role, as well as technical assistance, in the writing of new legislation and project grant writing for child abuse monies. She has also served as an exofficio member of the child abuse team of. the Medical Center Hospital of Vermont and has been ready to help implement such groups throughout the state. This office will attempt to continue this kind of support. This effort has greatly increased joint efforts on the part of the Department of Social Welfare, Social Rehabilitatiion Services, the Department of Mental Health, as well as the Department of Health, in the field of child abuse.

Eary Periodic Screening, Diagnosis and Treatment - The Director of the Maternal and Child Health Division has been intimately involved in implementing the E.P.S.D.T in the state of Vermont. Through this

Title XIX program will evolve many health services for all the children of Vermont.

B. HANDICAPPED CHILDREN'S SERVICES:

Direct services are provided by employees of the Department of Health and contracted individuals who are labeled "Consultants", but who, indeed, actually serve as providers of service themselves. These individuals provide service as needed both in our specialized clinics throughout the state and when children need hospitalization, surgery, etc. The categories which we have been legislatively allowed to cover are:

ORTHOPEDICS - The Orthopedic Program consists of a pediatric orthopedic surgeon, physical therapists, Public Health Nurses, and social worker, who travel throughout the state of Vermont and see patients referred through a variety of mechanisms; i.e., physicians, nurses (school and public health), agencies, or through word of mouth. The group of individuals who are employed by the Department of Health are supplemented locally by contracted orthopedic surgeons who attend the clinics and care for children locally inasfar as possible. Specialized care is obtained in Burlington. Approximately 8-10 clinics are held each month in various parts of the state with an approximate total of 300 children in attendance. A specialized orthopedic clinic is held once a month in Burlington for cerebral palsied children. This

clinic is also attended by specialists, other than orthopedists, in the field of cerebral palsy. The second specialized clinic held once a month in Burlington is the Neurosurgical, Orthopedic, Genito-Urinary Clinic, familiarly known as the NOG Clinic, for children with spina bifida. This is, again, an inter-disciplinary clinic attended by orthopedists, neuro-surgeons, and specialists in GU, as well as social workers and nurses, in order to provide comprehensive care for these children.

HEARING PROGRAM - Children are referred to our Hearing Clinic services primarily through school nurses and physicians, often after a problem has been noted by a school nurse or a public health nurse following mandated screening hearing tests. There are usually 6 clinics held monthly throughout the state. These clinics are supported by members of the Otolaryngology Department of the Medical Center Hospital of Vermont, and Public Health Nurses. An audiologist is present at all clinics. Some hearing aids are supplied by the Department of Health, others through Title XIX if the patient is Medicaid eligible. Most families cannot afford this purchase themselves.

CONGENITAL HEART SERVICES - Children with congenital heart disease are seen in the Cardiology Clinic held at the Medical Center Hospital of Vermont. This clinic is staffed by a

pediatric cardiologist on contract with the Department of Health. Surgery is performed by the thoracic surgeons at the Medical Center Hospital of Vermont or other institutions outside the state when necessary.

CLEFT LIP AND PALATE SERVICES - This clinic is for children with cleft lips and/or palates. This clinic and its team of specialists meets in Rutland and Burlington several times a year. The team of specialists includes plastic surgeons, otolaryngoligist, pedodontist, orthodontist, speech therapists, dental hygienists, social worker. All care related to these children is coordinated and administered through this Division.

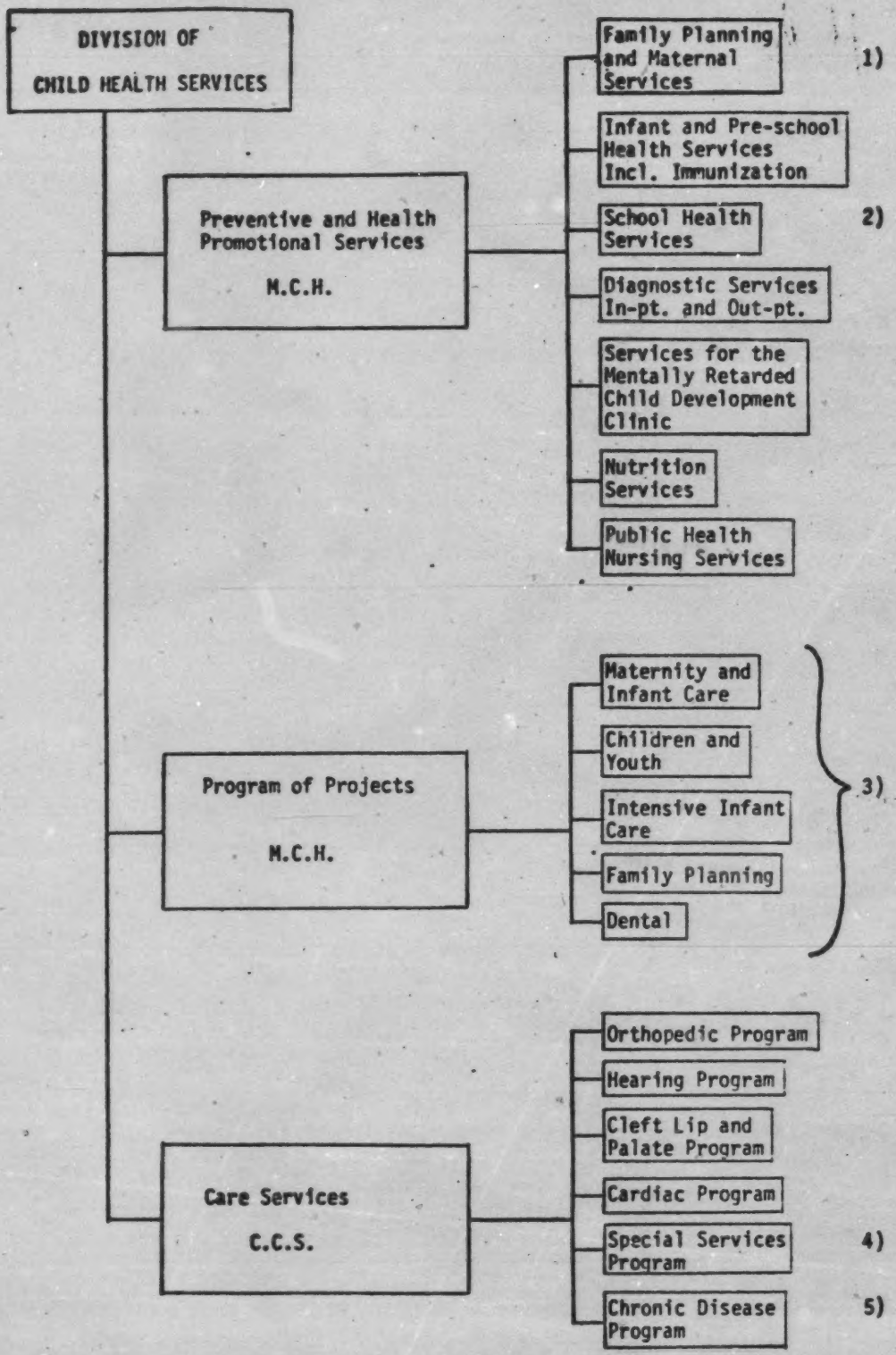
SPECIAL SERVICES - Specialized pediatric surgical services are provided for children with congenital anomalies such as diaphragmatic hernia, tracheoesophageal fistula, etc., in need of these services.

CYSTIC FIBROSIS - Children with cystic fibrosis are helped financially for nebulizors and certain medications. However, we do help support administratively the Cystic Fibrosis Clinic, located in Burlington, which is operated by the Department of Pediatrics at the University.

BIRTH DEFECTS AND GENETIC COUNSELING SERVICES - This is a service for any people in the state of Vermont needing genetic counseling or help with children who have birth defects as a result of a genetic disorder.

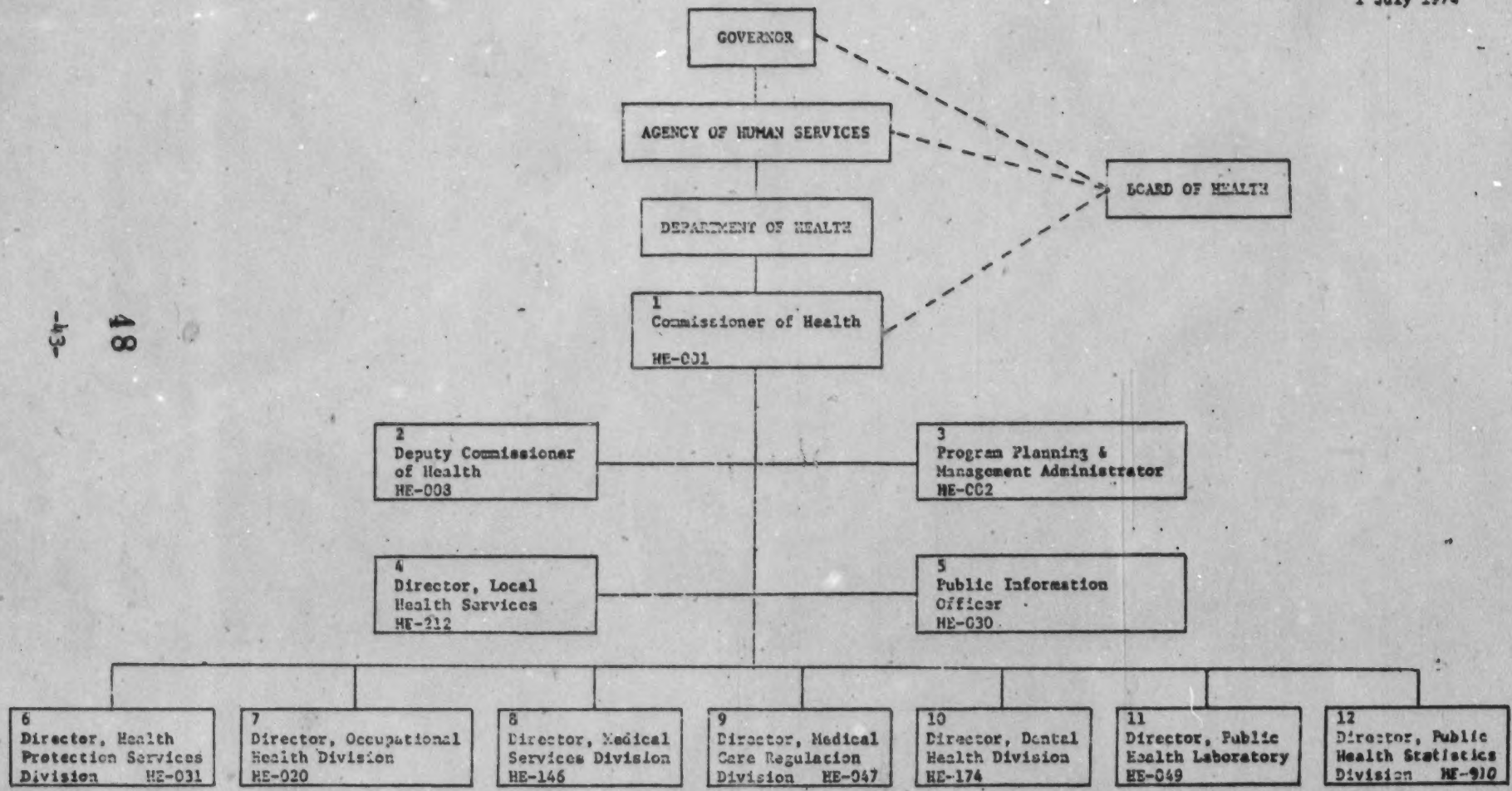
OTHER SPECIALIZED CONDITIONS - The Health Department may financially fund children with phenylketonuria and hemophilia, depending on the need on an individual case basis.

Functional Organization of the Division of Child Health Services

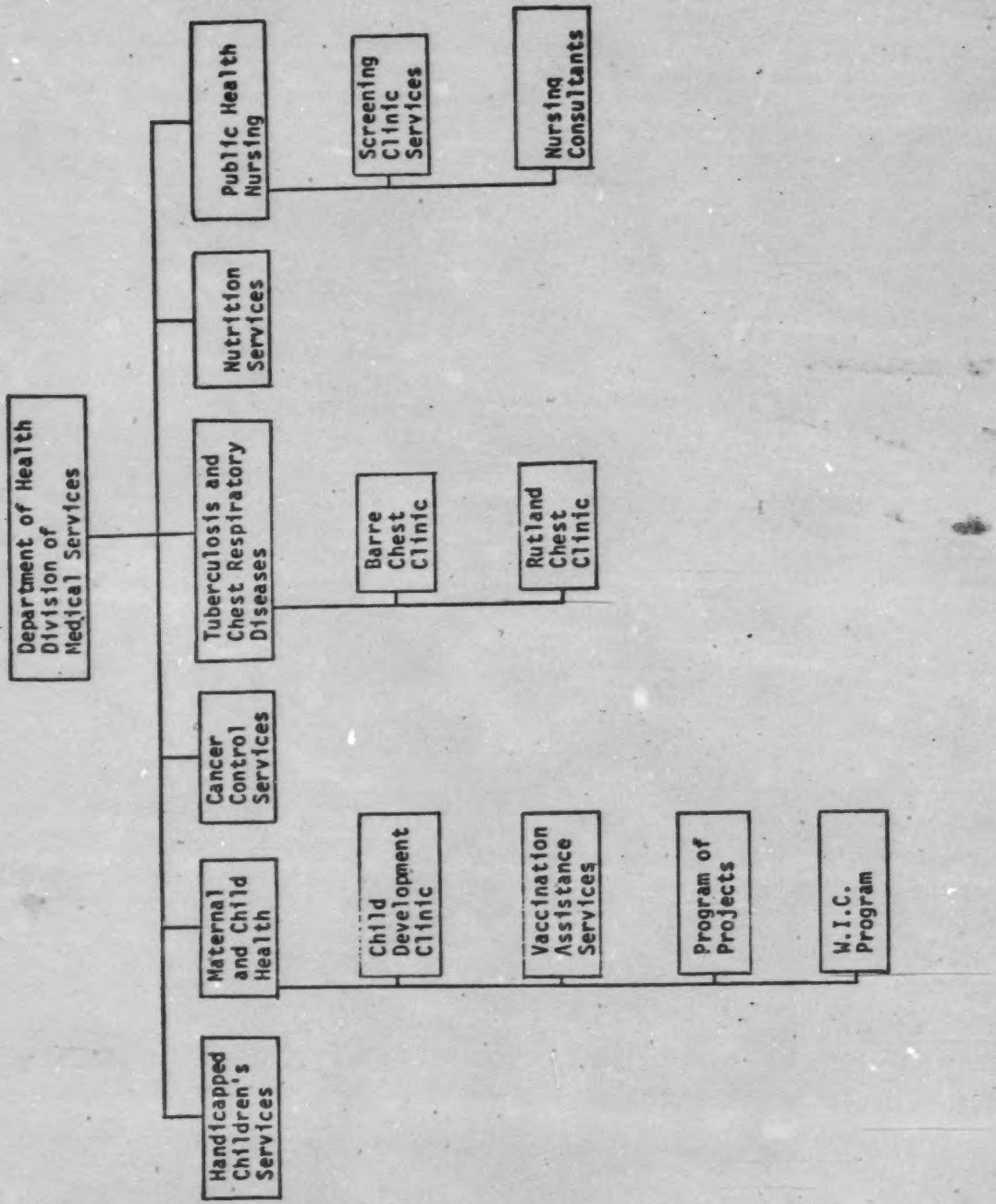


Administrative Organization, State Department of Health

1 July 1974


GOVERNOR
AGENCY OF HUMAN SERVICES
BOARD OF HEALTH
DEPARTMENT OF HEALTH
1
Commissioner of Health
HE-001
2
Deputy Commissioner of Health
HE-003
3
Program Planning & Management Administrator
HE-002
4
Director, Local Health Services
HE-212
5
Public Information Officer
HE-030
6
Director, Health Protection Services Division HE-031
7
Director, Occupational Health Division
HE-020
8
Director, Medical Services Division
HE-146
9
Director, Medical Care Regulation Division HE-047
10
Director, Dental Health Division
HE-174
11
Director, Public Health Laboratory
HE-049
12
Director, Public Health Statistics Division HE-910

Administrative Organization, Medical Services Division



MENTAL HEALTH

There are approximately 375 full and part-time staff persons in the Community Mental Health Services. Not all are involved in children's services but there is no way, at present, to separate out the time specifically allocated to children's services.

By July 1, the Department of Mental Health with the aid of its newly developed management information system will be able to retrieve this data easily.

The pages following list some statistical information showing the number of children admitted to the Community Mental Health Services over an eleven month period. The total number for the period is 1,575 children. Projected ahead for a year, the number would rise to about 1,613. This does not include those carried actively over the eleven month period. The total work load would exceed 3,000. Added to this should be the parents in treatment who have contributed to childrens' problems and those reached by consultation.

Presenting problems:

Adjustment problems	42.68%
Behavior problems	9.67%
Mental retardation	8.7%
Social maladjustment	6.6%
Personality disorder	2.1%
Schizohrenia and other psychosis	.61%
Depression	.86%
Other neurosis	1.49%
Alcohol and Drug	.49%

INTRODUCTION

There are eleven Community Mental Health Services as indicated on the map, with the state divided into five mental health regions. Each region is designed to include a population of at least 75,000 persons with the exception of Northeast Kingdom.

In order to be eligible for federal staffing grant assistance it was required that there be a minimum population of 75,000 which would be served by the program. Northeast Kingdom was granted a waiver by the Surgeon General when it received its staffing grant in 1967.

Rutland and Bennington received their staffing grant in 1969, while Windsor, Windham and Addison, Chittenden and Franklin Counties will start receiving such a grant Jan. 1, 1975.

Special children's staffing grants were awarded to Northeast Kingdom and to Rutland and Bennington in 1972 and 1973 respectively. Orange, Washington and Lamoille Counties will receive their children's staffing grant for Jan. 1, 1975. At that time the entire state will be covered by such federal grants.

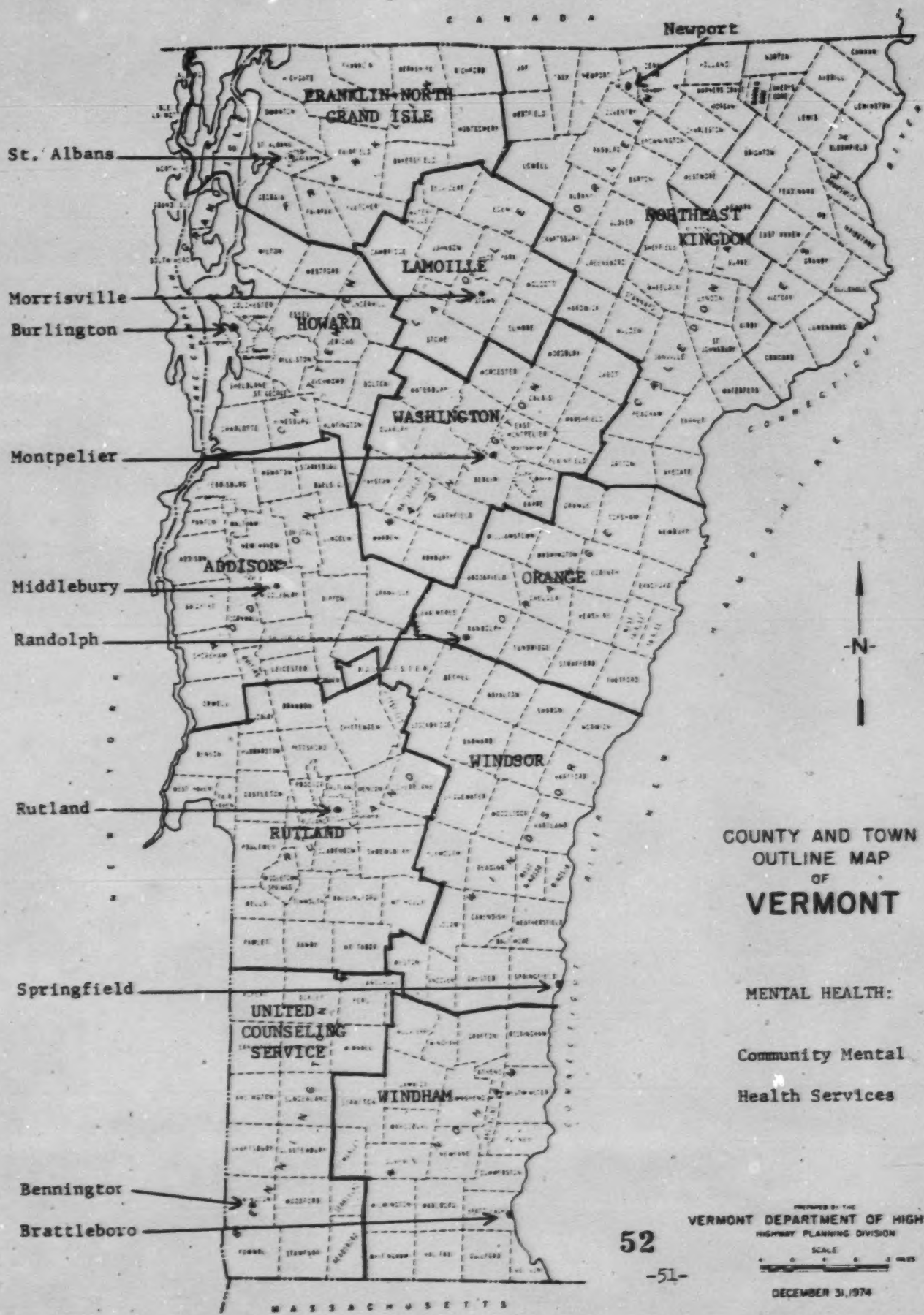
The federal assistance continues over an eight year period with a decreasing formula, the local communities and state participating to a greater degree as federal participation decreases.

Receipt of the federal staffing assistance requires that every Community Mental Health Service must provide the following five essential services:

Outpatient

In-patient

Partial Hospitalization



COUNTY AND TOWN OUTLINE MAP OF

VERMONT

MENTAL HEALTH:

Community Mental Health Services

PREPARED BY THE
VERMONT DEPARTMENT OF HIGHWAYS
HIGHWAY PLANNING DIVISION

SCALE

DECEMBER 31, 1974

EMERGENCY

CONSULTATION AND EDUCATION

The Community Mental Health Services are as follows:

Champlain Valley Region - Addison, Chittenden, Franklin and Grand Isle Counties

Counseling Service of Addison County ---------- Middlebury

Franklin-Grand Isle Mental Health Service ---------- St. Albans

Howard Mental Health Service ---------- Burlington

Central Vermont Region - Orange, Lamoille and Washington Counties

Orange County Mental Health Service ---------- Randolph & Bradford

Lamoille County Mental Health Service ---------- Morrisville

Washington County Mental Health Service ---------- Montpelier

Northeast Kingdom Region - Orleans, Essex and Caledonia Counties

Northeast Kingdom Mental Health Service ---------- St. Johnsbury & Newport

Southeast Region

Windsor County Mental Health Service ---------- Springfield

Windham County Mental Health Service ---------- Brattleboro & Bellows Falls

Southwest Region

Rutland Mental Health Service ---------- Rutland

United Counseling Service ---------- Bennington & Rutland

Direct services to children represent about 40% of the total direct service case load. The range is from 30% to 50%. No accurate measure is available as to children reached through consultation services but it would be accessible to approximately 60,000 children.

"CHILDREN"

ADMISSIONS BY MENTAL HEALTH
CLINIC AREA

June 1973 - May 1974

	NUMBER	PERCENT OF TOTAL ADMISSIONS
Addison	92	5.8
Burlington	24	1.5
Franklin	126	8.0
Northeast	310	19.68
Lamoille	67	4.25
Washington	101	6.4
Orange	135	8.57
Windsor	203	12.89
Windham	128	8.1
Rutland	229	14.5
Bennington	160	10.15
	1,575	

COMMUNITY MENTAL HEALTH SERVICES

Admissions June 1973 - May 1974
Eleven Months

AGE	NUMBER	PERCENT
Under 5	110	6.8
5 - 9	559	34.67
10 - 14	520	32.25
15 - 17	419	25.99
Missing B	4	.02
Total	1612	

MAJOR REFERRAL SOURCES	NUMBER	PERCENT
School System	699	43
Self, Family, Fund	411	26
Physician	162	10
Social or Community Agency	116	.7
Court, Enforcement and Corrections	64	.4

WEEKLY FAMILY INCOME		
Below $50.00 Week Welfare	334	20.
$50.00 - $99.00	154	9.5
$100.00 - $149.00	281	17.4
$150.00 - $199.00	143	8.8
$200.00 - $299.00	80	4.9
$300.00 And Over	36	2.2
Unknown	584	36.2

VERMONT STATE HOSPITAL

Admissions June 1973 - May 1974
Eleven Months

BY DIAGNOSIS	NUMBER
Schizophrenia	5
Depress. - Neurosis	5
Personality Disorder	4
Sexual Deviation	1
Drug Dependence	4
Adjustment - Infant Childhood Adolescence	11
Behavior - Childhood Adolescence	4
Social Maladjustment	3
All Other - OBS	1
Undiagnosed	6
Missing	5
Total	49

AGE ON ADMISSION

June 1973 _ May 1974

AGE	NUMBER	PERCENT
5 - 9	5	10.2
10 - 14	9	18.36
15 - 17	35	71.4

MENTAL HEALTH SERVICES FOR CHILDREN

SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH SERVICES

1. Diagnostic and Evaluation Services

a. Purpose: To provide for parents, agencies, schools and other referral sources a complete diagnosis and evaluation relating to development, cognitive problems; to problems in relationships with peers, family or community; to behavior problems or disorders; to problems of adjustment to school, home or community, and a host of others.

b. Method: Includes a battery of tests and evaluation procedures by psychologists; family interview and assessment by social worker, child development specialists and others; interview with child and/or family by psychiatrist. The material is then reviewed by the staff team involved and an evaluation and recommendation made for the parents and/or referring agency for a treatment plan.

As appropriate the evaluation may involve a nurse, pediatrician, neurologist or others as indicated. Most of the Community Mental Health Services have nurses on their staffs and some have consulting pediatricians. Other professionals may be added as needed.

c. Scope: It should be obvious that this service is basic to developing a treatment plan and thus is essential with all new referrals. The bulk of such referrals come from the family itself, from schools and from physicians. A large

number come from Social Services, Corrections and from Courts in order to have sufficient information to carry out a suitable treatment plan especially for those designated as delinquent and in need of care and supervision, as well as the increasing numbers of children being referred as abused or neglected. Others are referred for a determination of retardation or other developmental disability.

d. Examples: United Counseling Service of Bennington has a child development clinic utilizing the services of a social worker, psychologist, child psychiatrist, neurologist and pediatrician for the diagnosis and evaluation of children, with referral for treatment if indicated. Such programs are seldom maintained outside of major teaching centers.

The other ten agencies provide diagnostic and evaluation services largely on an individual/basis. Many are referred from well child clinics in which they participate jointly with public health nurses and/or Home Health Agencies.

2. Screening Services

a. Purpose: To make an early and rapid assessment of young children periodically in order to detect the evidence of developing disorders so that early referral can be done for further diagnosis or treatment and alleviation.

b. Method: Screening has been done largely in conjunction with the health agencies through well child clinics.

Currently all the Community Mental Health agencies are participating in the Early Periodic Screening Diagnosis and Treatment Program (EPSDT) administered by the Department of Social Welfare. This involves coordination with the Home Health, Visiting Nurses, and Public Health Nurses in carrying out a contract with the Department of Social Welfare to screen all children from 0-21 at specified intervals and to refer for further diagnosis and treatment as needed. It involves an outreach effort to help families to avail themselves of the service and coordinates with pediatricians and other physicians in the process.

c. Scope: Contracts are now being negotiated and the service will be available soon in all parts of the state. Currently there is little progress in Lamoille, Windham and Orange Counties but other counties have organized their systems and are about ready to go.

Vermont is one of the few, if not the only state, to stress the mental health component in the EPSDT program, involving mental health staff. In most other states it consists only of a cursory health assessment.

d. Method: In each county clinics will be held for children, with outreach and transportation being provided by a variety of methods. Health factors to be screened include vision, hearing, lead poisoning, teeth; a physical examination, immunizations are included and speech assessment; and an assessment of emotional factors relating to development of

the child, behavior and habit formations, etc., by the mental health staff.

3. Consultation and Education

a. Purpose: These two services are usually combined, yet they differ to some extent.

Consultation is the process by which one professional (in this case, a mental health professional) assists another in better understanding and handling of a case situation for which he is responsible. It is not a direct, clinical service but rather provides expertise to the consultee in improving his skills and capabilities. Consultation may involve discussion of an individual case, or it may be oriented to program. Its primary goal is to increase problem solving skills.

Education builds knowledge. The primary goal has been stated as promoting positive mental health by helping people acquire knowledge, attitudes and behavior patterns which will foster and maintain their mental well being.

b. Method: Consultation is provided to other agencies or professionals usually through the development of a contract which specifies the time involved, the cost, the frequency, and the types of consultation needed. School consultation may, for example, include discussion with a single teacher about a single child and how to cope with the problem that child presents, or it may include several teachers who wish to discuss a similar problem. The principal of a school may wish to discuss program or administrative concerns.

Suggestions are given the school personnel to follow or consultation may result in referral for diagnostic procedure as described above.

The consultant may be available weekly, semi-monthly or monthly as needed and the back-up service of the Community Mental Health Services assures responses to emergencies. Some agencies do not have contracts because of fiscal limitations or other reasons but are able to have some limited consultation infrequently and irregularly as staffing time permits.

It may be provided by a psychologist, social worker, mental health nurse, child development specialist or other specialized staff, such as drug or alcohol counselors.

c. Scope: All the agencies provide consultation to schools which represent access to thousands of school age children. Many problems are first noted in the school setting and through developing skills in school personnel they can frequently be eliminated or alleviated before reaching the point of severe disability. It represents an avenue of early intervention which may shorten the need for long, and sometimes costly, treatment, and which may also prevent the disruption of the family.

Consultation and education is also available to and provided to a number of other community and social agencies including:

Visiting Nurse Associations or Home Health Agencies

Public Health Nursing Division

Day Care facilities and Headstart

Special Education Classes

Hospital personnel and law enforcement

Corrections/personnel

Youth Service Bureaus

Social and Rehabilitation Services

Clergy

Parent groups

Courts

Group Homes

Not all the above listed agencies are served by every Community Mental Health Service, but the above are representative of most of the services.

In addition to school consultation which reaches so many children, one of the most rewarding programs is consultation to day care operations. Unfortunately most cannot afford this service on a regular basis, and it is hoped that more recognition of the value of the service may develop. An example is the child of three whose mother had deserted and left the father with this child and three older school-age children. The three-year old became disruptive, fighting and quarreling with other children, was regressing in his behavior and was of general concern to the day care staff. Consultation from the mental health agency assisted them to understand some of the causes of his behavior. A volunteer high school boy was recruited who could spend extra time with this little boy; the father

was involved in meetings with the staff and the consultant. He had been so overwhelmed by his own situation that he had not realized the effect on this child. He took more time with the boy and encouraged the older children to help also. Soon improvement was noted and the staff asked the mental health agency for regular training meetings to help them with other behavioral problems. As a result, parents became more interested in the program and began to participate in parent/staff meetings. Three children were referred for diagnosis and evaluation, which resulted in individual treatment and specialized services for speech problems, for mental retardation, and for hyperkinesis.

Day care and Headstart operations have the greatest potential for reaching children at an early age before problems become overwhelming. Many of the children are from low income families which so often constitute an at-risk population. Another example recently brought to our attention was a day care center where it was estimated that twelve of the fifteen children were from broken homes. The risk of developing emotional and behavioral problems in such a group is tremendous without staff skill in detecting early symptoms and knowledge as to how to provide a climate which will be responsive to a child's individual needs.

d. Specific Examples: School Consultation

An example of school consultation may best explain the service. A boy of superior intelligence was discussed at one consultation session. In the third grade, he had

barely completed the previous grades in a satisfactory manner and presently was distracting, disturbing, and often the instigator of disturbing behavior among the other children. The teachers had not been able to reach him, and the mother, who had an alcohol problem did not keep appointments with the school personnel when asked to do so. The boy was referred to the Community Mental Health Agency for diagnosis and evaluation where it was found that he was hyperkinetic and that he lacked adequate supervision. After medication was prescribed it was recommended that a Big Brother might help this boy with outside interests since his mother was divorced and his father lived in another state. Big Brother was a college student who spent two years with this boy, involving him in outdoor activities and fostered his interest in wild-life. His school achievement soon improved and his behavior stabilized.

The Franklin-Northern Grand Isle Mental Health Service reports that it consults with 19 schools, involving 7000 children. It also organized and financed a two-day workshop for 185 elementary teachers focusing on detection and assisting the child with learning disabilities. United Counseling Service of Bennington provides consultation to schools with an enrollment of approximately 11,000 children.

Examples of school consultation were cited in the annual report of Windham County Mental Health Service and these may help to explain the service;

A teenager, frequently truant and failing badly in school, who had set fire to the school.

A withdrawing, shy, 4-year-old in day care who would not participate in activities or interact with other children.

A teenager with a history of arrests for assaultive behavior and alcohol abuse.

A high school girl, a good student and active in school affairs, who had become silent and appeared sad, and refused to talk to teachers.

Rutland Mental Health Service provides consultation to every school in the county involving 12,631 children. Orange County Mental Health Service reaches every school with a total enrollment of about 7000. Howard Mental Health Service of Burlington reaches 13 schools in the county with about 4000 children enrolled. (In Chittenden County there are other services available to the schools from the university and the colleges in the area.)

e. Education

Rutland Mental Health Service

A parent/child program serves 36 pre-school children with developmental disabilities and their mothers. The groups meet daily giving the children an opportunity for group interaction, socialization, and play of a constructive nature adapted to their level of development. The mothers have an opportunity to observe and to participate in supervising the children in order to have better capability for caring for their own child at home rather than seeking institutional placement. Opportunity is provided for diagnosis and treatment recommendations, for education

and consultation with parents, and for continuing supportive services.

Parent Effectiveness Training (PET) groups reached some 30 parents during fiscal year 1974.

Some twenty parents are reached through groups concerned with communicating with children.

Consultation is given to:

Preschool programs representing 120 children
Headstart programs for 60 children
Well-baby clinics representing 120 infants
Day care programs representing 120 children
Parents in a low income housing project with children under three
Courts and lawyers on seven child abuse cases

The above is not complete but is typical of the groups which consultation and education services reach. They are replicated by the other Community Mental Health Services in varying degrees and with some additional groups.

4. Treatment Services

a. Purpose: It is obvious that, in spite of developing preventive approaches, by consultation and education, there is still need for a direct treatment program to alleviate the causes and symptoms of emotional or mental disorder and of developmental disabilities. The primary purpose is to help the child reach a level which permits him to function to the fullest extent possible in the community and in his own family. For some it may be necessary to utilize a period of institutionalization, but the use of long-term in-patient service for children is decreasing rapidly.

b. Method: A variety of treatment modalities are available from the Community Mental Health Services and include individual and group approaches. The methods are frequently related to certain specialized personnel on the staff. For example, not all have speech therapists available to them, but all do have social workers, psychologists, psychiatrists, child development specialists and other specialists so that individual family and group therapy, group activities and discussion, and counseling can be provided. The psychiatrist is used principally for inpatient and medication and for consulting with the mental health staff. He (or she) may also see some patients directly depending on the nature of the disorder and its severity and the capability of other staff. The psychiatrist may also spend considerable time seeing individual patients for diagnosis and evaluation, but most of the treatment program is carried out by other staff under the supervision of the medical director as needed.

1. Individual Therapy

This is not used extensively for most children, but some children will best respond to individual therapy which usually involves a time limit with the goal of assisting the child toward functioning in his family and in the community. It will often be utilized in conjunction with other treatment method, such as partial hospitalization or group activities.

It should be emphasized that many problems presented by children are actually problems relating to the parents, the family and relationships within the family. The treatment is then directed to the parents and will not necessarily show up statistically as a service to individual children. For example, the child who becomes anxious and fearful in school may be showing the stress brought on by parents considering separation or divorce. Marital counseling may be the treatment method to be used as determined by the diagnostic and evaluation procedures.

2. Group Therapy and Family Therapy

Group therapy increases the usefulness of mental health staff in reaching more people. Adolescent groups are especially responsive to certain kinds of group experiences and assist each other. Some younger children are helped by non-verbal groups where movement is emphasized, or sometimes music therapy is the medium.

Family therapy involves the bringing together of three or four families including the parents and the children with the therapist. They work through the problem together with direction toward altering the "ecology" of the environment. The Department of Mental Health recently gave a workshop in the training of staff for family therapy, although some of the Community Mental Health Services have been using it for some time.

3. Other Group Activities

Included are activity groups for children such as activity groups which develop special interests and recreation groups. Discussion groups can help teenagers and some younger children to become more secure in a group and to resolve many of their difficulties in relating to peers. Discussion groups around the use of alcohol and other drugs help children to establish their values, and to adjust to stress by other means.

4. Camp Placements

Camp placements are facilitated by all Community Mental Health Services at private camps in the state, while staff gives time to make Camp Daybreak a success. This is sponsored by the Vermont Association for Mental Health and is for disturbed children. Three agencies, Windsor, Windham and Rutland Counties operate special camps. Windsor County had a two-week camp for 40 children with developmental disabilities and behavior problems. Rutland served 45 children at its "Kritter Kamp".

5. Miscellaneous

a. Big Brother or Big Sister programs use college or high school students to act as a big brother or sister for a younger child who lacks one parent, or who is withdrawn or has difficulties in relating to other people. Big Brothers are volunteers and

comprise a large corporation of helping people who extend the programs of mental health agencies.

It has been referred to as "Amicatherapy" or friendship therapy.

b. Other Volunteers help run teen centers and teen activities groups and otherwise contribute to the treatment capability.

5. Examples of Treatment Programs

a. Big Brothers and Sisters serve about 65 children through the Counseling Service of Addison County in Middlebury and include some of the Weeks School children in its program. Rutland serves approximately 50 children and Windsor County has 20 children between ages 9 and 13. Many are children from ANFC families in which there is only one parent.

b. A sheltered workshop is operated at Northeast Kingdom Mental Health for teenagers who are retarded and have completed their schooling, yet who could profit from additional supervision and training in socialization and in occupational skills. Combined with this workshop the youth receive counseling; some have big brothers and recreation therapy is available.

c. In-patient service is available as needed at the local general hospitals in all eleven Community Mental Health Service areas, with consultation being provided through the mental health staff. Very few children are being referred to either Vermont State Hospital or Brandon Training School. All applications to Brandon Training

School are made to and screened by the Community Mental Health Services and alternate resources are being utilized to a greater extent than formerly, with supportive services being provided by the Community Mental Health Services.

d. Emergency Services: All Community Mental Health Services, except Windsor have emergency services on a twenty-four hour, seven day a week basis, so that help is available at any time. There is an answering service with staff back-up available for immediate attention if needed. While utilized more for adults, it is frequently used by the teenager with drug or alcohol problems, occasionally by the youth who has run away from home. Some have only recently initiated the service but it will be required in all by January 1, 1975.

e. Partial Hospitalization: This is used almost exclusively by adults except for a few teenagers. It enables a person to remain at home rather than be sent to an institution for twenty-four hour care. He is able to come into a program at the Community Mental Health Services where he may spend the greater portion of the day in therapy, activities and group interaction as part of his treatment. He can also have his medication checked. It maintains him so that he can stay at home and still receive treatment. This is used mostly for patients who would otherwise go to the Vermont State Hospital and for those who may be released from the hospital earlier because of the existence of such a program in the community.

BRANDON TRAINING SCHOOL

Residential care and treatment for the mentally retarded or developmentally disturbed, and including:

Educational services

Rehabilitation services

Community placement program (wage, family and boarding homes)

Training for the profoundly retarded

Summer camp for residents and those residing in the community

Dental services for residents and for those living in Rutland and Addison Counties

Foster Parent Program

a. 50 grandparents for over 100 children

b. Includes daily outings, arts and crafts, woodworking, gardening, training in self care.

VERMONT STATE HOSPITAL

Youth Treatment Center is for severely disturbed children who need twenty-four hour care and treatment. This includes:

Diagnosis, evaluation and treatment plan with input from:

Neurologists	Psychologists
Physicians	Social Workers
Psychiatrists	Educators

Rehabilitation services

Individual, family and group therapy

Other individualized programs including from pre-school through secondary level and including help for special learning disabilities, speech therapy, pre-vocational training

Parent education

Chemotherapy

Summer camp

Community Mental Health staff coordinate closely with hospital staff in planning treatment, visits, etc.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

This report is intended to supply information concerning the four divisions of the Department of Social and Rehabilitation Services and how each provides services to children. This report attempts to provide the data requested from the Department by looking at each Division separately and to furnish information under each of the following categories:

Eligibility

Age

Direct Service

Geographic Areas

Number of Participants

Consultative/Informational Service

Budget

DIVISION OF THE BLIND

A. Eligibility

Children need only possess a visual handicap or be legally blind to be eligible for services from this division. Counseling services are provided to the parents in cases when their child must experience corrective surgery and the parents are unable to cope with the trauma of this experience. Eligibility for pre-vocational counseling is decided when a child possesses a physical visual handicap that in turn causes a vocational handicap.

B. Age

All children from birth to 18 years of age inclusively may be clients.

C. Direct Services

1. Corrective

   a. Eye restoration

   b. Surgery including removal of eyes

2. Counseling service with parents

3. Pre-vocational counseling. This service provides vocational training for the 14-18 year old in order to help him earn a living.

D. Geographic Areas

The services of this division encompass the entire State of Vermont. The only office is located at 81 River St., Montpelier, Vermont, Tel. 828-3405, and affords an opportunity for clients or potential clients to receive service. Usually a client receives services in his home by being visited by one of two counselors who cover the State. See Attachment #1 - State Map.

E. Number of Participants

Currently, the division has 19 clients in their rehabilitation unit and 11 clients in their medical and social services unit of the age group of this report.

F. Consultative/Informational Service

The following services are provided by this division on behalf of children:

Referrals to the Vermont State Library for talking books. (Recorded tapes of books.)

Consultation with Department of Education concerning student blindness or visual problems.

Consultative and informational services provided to school nurses and public health nurses concerning school children with eye problems.

Referring clients for eyeglasses to other organizations.

G. Budget

The average cost per client in the medical social services unit is $80.00 and only state funded. Therefore, the total present expenditure is $1,520.00. The average cost per client in the Rehabilitation Unit is $392.00. The state share is 20% or $78.00 and the federal share is $314.00. With 19 children currently in this unit the state share is $1,482.00 and the federal share is $5,966.00. Currently this division has no temporary federal grants.

DIVISION OF VOCATIONAL REHABILITATION

A. Eligibility

There are three basic criteria in determining eligibility for vocational rehabilitation services in all cases as follows:

1. a physical or mental disability is present;
2. a substantial handicap to employment exists;
3. vocational rehabilitation services may reasonably be expected to benefit the individual in terms of employability.

B. Age

There are no legal maximum or minimum age limits. Generally children at the age of 16 may receive services from this division since prior to age 16 they are not considered in the employability age. Planning and services may begin at an earlier age if the situation indicates that they are needed to promote future employability.

C. Direct Services

The division of vocational rehabilitation provides the following direct services in the following general categories:

1. diagnostic services
2. restoration services
3. training services
4. guidance and counseling services during the rehabilitation process
5. other goods and services to clients.

1. Diagnostic Services
   a. general medical examinations
   b. specialty examinations
   c. hospital admissions for diagnostic purposes
   d. social evaluations
   e. educational evaluations
   f. vocational evaluations
2. Restoration Services (Mental and physical)
   a. treatment
   b. hospitalization as needed
   c. surgery
   d. prosthetic appliances
   e. other ancillary treatment services
3. Training Services
   a. to promote academic, trade or on the job training
   b. to provide social and vocational adjustment
4. Other Goods and Services
   a. provide room, board and travel during rehabilitation

b. assist in finding the client a job

c. furnish tools, equipment and licenses to clients

d. provide job follow-up after rehabilitation process has been completed

e. provide services to family members when otherwise not available from existing community agencies, when necessary for the employability of the client

In addition to VR services delivered through four Regional Field Offices, this division operates other special service programs to meet the needs of special disability groups in special settings:

1. Irons Rehabilitation Center (rebuilds social and living skills concurrent with vocational preparation for the mentally ill and others with serious adjustment problems.)
2. Vermont Allied Services (consolidation of the Industrial workshop and the workshop for the blind located at Vermont State Hospital. Provides comprehensive vocational services to the physically and mentally handicapped, the blind and the homebound.)
3. Brandon Training School (internal VR program for residents who might otherwise remain in the institution.)
4. Public Assistance/VR Unit (provides VR services to people receiving general assistance and those involved in the WIN (Work INcentive) program.)
5. VR/Corrections Program (to provide complete vocational rehabilitation services to the eligible public offender at a feasible point prior to his release from an institution and those on probation and parole.)

6. Disability Determination Unit (adjudicates all Vermont claims for disability benefits under Social Security to determine medical disability and potential referral for VR services.)

7. Rural Farm Family Rehabilitation Program (operated by the Extension Service at the University of Vermont under contract with VR to prevent further decay of the rural family due to such factors as poor health care, lack of resources and general poverty.

D. Geographic Areas

The service of this division encompasses the State of Vermont and is operated through a central office located at Montpelier and four regional offices and various units as illustrated in attachments 2(a) and 2(b).

E. Number of Participants

As of July, 1974, a study revealed that 289 children 18 years of age or younger were receiving services from VR. It is estimated that this figure is representative of current numbers.

F. Consultative/Information Services

The following services are provided by the division of VR on behalf of children up to 18 years of age inclusively:

1. The Vermont Association for the Crippled (VAC) in Rutland furnishes information on all children who leave their home in the event that child might become a VR client.

2. Information is provided on a continuous basis to school nurses, public health nurses and private welfare agencies concerning vocational rehabilitation information.

G. Budget

The VR division does not identify the cost of services by age groups; however, since the clients who are 0-18 years of age represent 10% of the total caseload an estimate of costs can be made. The state share of costs totals $15,857 or 20% while the federal share is $63,433. Currently this division has no temporary federal grants.

DIVISION OF SOCIAL SERVICES

A. Eligibility

Services to children up to 18 years of age inclusively are avialable when the child meets the following criteria:

1. when in custody through judicial process (adjudged homeless, dependent or neglected)
2. when in custody through voluntary agreement with the parents
3. when child is a recipient of Aid to Needy Families with Children (ANFC)
4. when a 0-18 year old is a recipient of Supplemental Security Income (SSI)
5. when a child is a risk of abuse or neglect.

B. Age

All children from birth to 18 years of age who meet the above criteria are eligible to be clients. (Young adults age 18 to 21 may also be provided "child services" such as are

necessary to allow completion of an education program).

C. Direct Services

The following are a list of services available to eligible children:

1. Protective Services (investigation of neglect and abuse complaints and recommends transfer of custody)
2. Substitute Care (child needs care and supervision)
   a. Foster homes
   b. Group homes
   c. Institutional placements
3. Supportive Services
   a. Health (dental, optical and mental)
   b. Educational
      1. special education
      2. tutoring
      3. vocational training
   c. Counseling
      1. division staff
      2. community resources
      3. legal counsel
   d. Transportation
4. Day Care

   Day care services are available to children who are less than 15 years of age or 15-17 and require extraordinary care or supervision. Children whose parents are receiving ANFC are eligible for free day care services.

depending on assets and income levels.

Need for day care services may be based on the fact that a child is retarded; in need of services to prevent abuse or neglect, or because the child's parents are incapacitated, employed, or in training.

5. Work Incentive Program (WIN). (Designed to provide work training for school dropouts between 16-18 to develop employability.)
6. Adoption services (assist adoptable children through the legal process of assisting them with adoptive parents.)
   a. Conduct investigations for the Courts when a child adopted in a foreign country is brought to Vermont and must be re-adopted for U.S. citizenship.
   b. Assist out-of-state agencies with placements in Vermont.
7. County Court divorce investigations (to determine which parent is most suitable to retain custody of the child(ren.)

D. Geographic Areas

The services of this division encompass the entire State of Vermont through the network of a central office at 81 River Street, Montpelier, and twelve district offices as illustrated by attachments 3(a) and 3(b).

E. Number of Participants

At the present time a total of 6,789 children 0-18 years of age are receiving services from this division as follows:

1. committed children - 1,340
2. day care - 2,509
3. Units A & B (Protective & Supportive) - 2,440

4. personal services to siblings of committed children - 500 (educated estimate)

F. Consultative/Informational Service

This division is always prepared to furnish information from its Resource Unit to anyone as needed. Any teenager can walk in for information, but the division retains the responsibility to monitor, follow-up and assure services if the child is in trouble. Occasionally the division staff may act as advisors to Community Boards who are attempting to establish an activity for youths.

G. Budget

The following figures do not include staff costs, but only monies spent in the delivery of services to children. During fiscal year 1974, $1,952,734 was spent in child services. Of this amount $1,212,364 was state appropriated while $645,956 was federally funded and the balance was made up from collections in the form of child support.

During the fiscal 1974 year $1,662,550 was spent for Day Care Services. Of this amount $1,280,164 was federal money while $382,386 was State money.

At the present time, the adoption services in the division receive financial support from the Turrell fund, a grant that expires October 1, 1974.

DIVISION OF ALCOHOL AND DRUG ABUSE

A. Eligibility

A child 0-18 inclusively is eligible for treatment services if he or she is an alcohol or drug abuser. Any child up to age 18 may avail themselves of the educational and employment services.

B. Ages

All children 0-18 years of age are eligible, however, pre-teens rarely are subjects of this service and only 1% or less participate in alcohol abuse treatment. In actuality the 14-18 age group constitutes a large proportion of the drug client population.

C. Direct Services

The Division of Alcohol and Drug Abuse (ADAD) delivers services in four areas for the 0-18-year-old child as follows:

1. Education/training
   a. by speaking to community organizations (reasons for drug use and abuse)
   b. by educating users and abusers on the effects of drugs
2. Alcohol abuse treatment
   a. diagnosis, evaluation, treatment of the alcohol abuser
   b. one-to-one counseling
   c. referrals to AA
3. Drug abuse treatment
   a. residential
   b. outpatient
4. Employment
   a. program to assist ex-drug abusers to find employment with an offer of stipends to employers to hire them

D. Geographic Areas

The services of this division cover the State of Vermont through a Central Office at 81 River Street, Montpelier, eight

district alcohol counselors, six alcohol residential treatment centers, two drug treatment centers, eight drug abuse treatment counselors and seven drug education regional coordinators as illustrated in attachments 4(a) and 4(b).

E. Number of Participants

It is estimated that over a period of one year that this division serves the following number of children up to age 18 inclusively:

1. Alcohol - 10-20 a year
2. Drug residential - 60 a year (capacity 30 for six months at a time)
3. Drug outpatient - 170 a year including employment assistance.

F. Consultative and/or Informational Services

1. Alcohol trainer and drug trainer work with educators and service providers
2. Parents or friends can come in to obtain information

G. Budget

It is estimated that in the course of one year that a total of $509,000 is spent for service to the 0-18 year old. Of this amount approximately $484,000 or 80% is federally funded and $101,000 or 20% is state funded. The breakdown in spending follows:

1. Education/training - $90,000 (80/20% split)
2. Alcohol Abuse Treatment - $4,000 (State funded only)
3. Drug Abuse Treatment Outpatient - $238,000 (80/20% split)

4. Drug Abuse Treatment Residential - $135,000 (80/20%)

5. Employment Assistance for ex-drug users - $42,000 (80/20% split)

Currently a federal grant amounting to $80,000 is due to expire September 30, 1974, without expectations of being refunded. This grant has paid for regional coordinators in drug education.

1/30/75

SOCIAL SERVICES STAFFING

DISTRICT	TOTAL PFT & LS POSITIONS	DISTRICT DIRECTORS AND SUPERVISORS	SOCIAL WORKERS UNIT A	SOCIAL WORKERS UNIT B	SOCIAL WORKERS UNIT C	SOCIAL WORKERS RESOURCE UNIT	CASE AIDES(LS)	CLERICAL STAFF	CETA/ EEA
BARRE	13	2	3	2	2	1	2	1	1
BENNINGTON	10	1	2	2	2	1	1	1	1
BRATTLEBORO	11	1	2	2	2	1	2	1	1
BURLINGTON	30	5	5	4	5	3	5	3	2
HARTFORD	11	1	2	2	2	1	2	1	1
MIDDLEBURY	12	2	3	2	1	1	2	1	2
MORRISVILLE	11	1	2	2	2	1	2	1	3
NEWPORT	11	1	2	2	2	1	2	1	2
RUTLAND	16	2	4	2	3	1	2	2	1
ST. ALBANS	14	2	3	2	2	1	2	2	1
ST. JOHNSBURY	11	1	2	2	2	1	2	1	0
SPRINGFIELD	13	2	2	2	2	2	2	1	1
WEEKS SCHOOL	1	1	—	—	—	—	—	—	—
SUB-TOTAL	164	21	32	26	28	15	26	16	16

		Supervisors	Social Workers	Clerical
ADOPTION UNIT	7	1	4	2
FOSTER CARE UNIT	5	1	3	1
SUB-TOTAL	12	2	7	3

		Management	Clerical
CENTRAL OFFICE ADMIN.	10	6	4

TOTAL PFT&LS POSITIONS 186

Vacancies - 5 Supervisor (1), Social Worker (1), Case Aide (3)

88-06

DEPARTMENT OF SOCIAL WELFARE

AID TO NEEDY FAMILIES WITH CHILDREN (ANFC)

In ANFC the monthly average caseload for FY 74 was 6,290 families. They received an average monthly payment of $250. Total expenditures for FY 74 were just under $19 million. The ANFC caseload includes both adults and children; 70% of this caseload is, however, composed of children (0 - 21) and these can be grouped:

0	to 5	-	4,112
5	" 17	-	10,734
17	" 21	-	554
			15,300

GENERAL ASSISTANCE (GA) (EMERGENCY ONLY)

In the GA Program for FY 74, a total of $834,902 was spent for families with children. $1,355 was given in money payments and $133,547 was given in form of vendor payments. Approximately 60% of the total spent was on behalf of children, or $500,000.

MEDICAID

Under the Medical Assistance Program, eligibility was established for 20,591 children. The breakdown by groups is as follows:

Age Group:	Number:
0 to 6:	5,140
6 to 18:	12,667
10 to 21:	2,784
	20,591

DENTICAID PROGRAM FOR CHILDREN - FY 74

Period Covered:	Claims:	Amount:
7/73 - 9/73	1006	$ 50,145
10/73 - 12/73	2116	140,308
1/74 - 3/74	2246	169,699
4/74 - 6/74	2379	172,114
	7749	$532,266

For Committed Children:

Period Covered:	Claims:	Amount:
7/73 - 9/73	149	$ 8,852
10/73 - 12/73	234	11,504
1/74 - 3/74	228	12,772
4/74 - 6/74	215	11,530
	826	$ 44,658

EYE CARE FOR CHILDREN - FY 74

Total of 904 children received care under this program with a total expenditure of $26,295.

NURSING HOME CARE FOR CHILDREN

9 Children in Level I ($33 max. per day): $8,910 monthly
$106,920 yearly

6 Children in Level II ($24 max. per day): $ 4,320 monthly
$51,840 yearly

BRANDON TRAINING SCHOOL NURSING HOME

88 Children ($18 per day): $47,420 monthly - $570,240 yearly

FOOD STAMPS

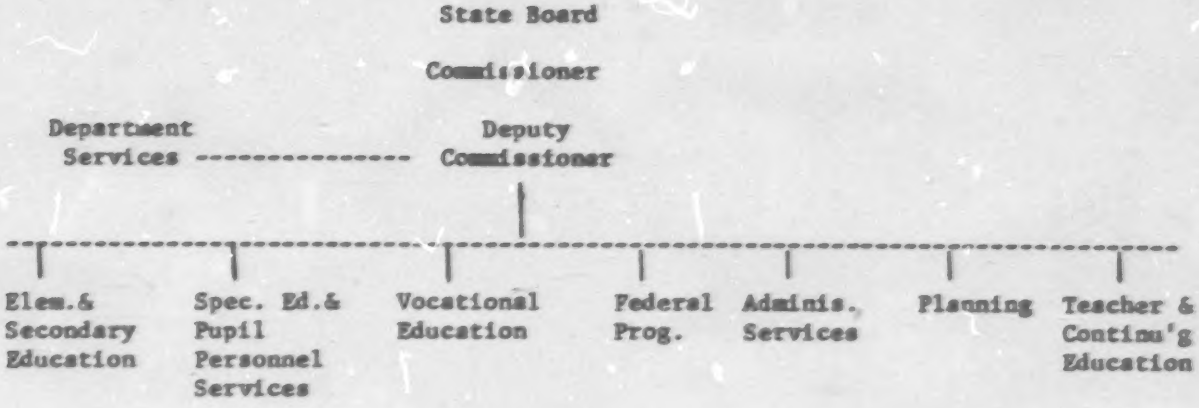
In July, 1974, 16,478 AFDC recipients were participating in this program. Approximately 11,500 were children, giving them an additional

food purchase power of $175,000 monthly.

In the non-public assistance group, not including the Aged, Blind, or Disabled individuals, there were approximately 19,000 recipients for July, 1974. Sixty percent of this group, or 11,400 were children, giving them an additional food purchase power of $210,000 monthly.

DEPARTMENT OF EDUCATION

The administrative structure of the Department of Education is as follows:



The Education Department is responsible for providing services including approval of degree granting privileges, teacher certification, teacher education, as well as approval of elementary and secondary public and private schools, in addition to maintaining coordination of a state-wide education system.

The seven divisions of the Department can be briefly described as follows:

A. <u>ELEMENTARY AND SECONDARY EDUCATION</u>

1. Public School Approval
2. Early Childhood Education
3. Right to Read
4. Mathematics
5. Industrial Arts
6. Environmental Education
7. Alcohol and Drug Abuse Education
8. Driver Education
9. Health Curriculum Project
10. Neighborhood Youth Corps Program
11. Social Studies Education

12. Science Education

13. Language Arts Education

14. General Elementary Curriculum

15. General Secondary Curriculum

16. Educational Assessment

17. Equivalency Programs

18. Alliance for the Arts

B. SPECIAL EDUCATION AND PUPIL PERSONNEL SERVICES

1. Special Education Services

a. mental retardation

b. learning and behavioral handicaps

c. crippled and other health impaired

d. multiply and visually handicapped

e. language speech and hearing services

f. training

2. Pupil Personnel Services

a guidance services

b. health services

C. VOCATIONAL EDUCATION

1. Area Vocational Centers

2. Post Secondary Education

3. Adult Education

4. Manpower Development and Training

5. Youth Organizations

6. Career Education

D. FEDERAL PROGRAMS

1. Title I ESEA - education for the disadvantaged
2. Title II ESEA - supplemental aid for school library resources
3. Title III NDEA - resources for "Critical subject areas"
4. Title III ESEA - educational innovation
5. Title VII ESEA - bilingual education

E. ADMINISTRATION SERVICES

1. Child nutrition programs
2. School facilities plan
3. Teacher placement
4. Private school approval
5. Development of school transportation policies
6. Building aid
7. General state aid to education

F. PLANNING DIVISION

1. Department Planning
2. Interagency Planning
3. Local school and district planning
4. Action research studies

G. TEACHER AND CONTINUING EDUCATION

1. Teacher certification
2. Secondary school equivalency testing program (GED tests)
3. Adult education
4. Architecture-crafts - total living environment-arts and crafts service

H. DEPARTMENT SERVICES

1. State aid
2. Legal Counsel

A. ELEMENTARY AND SECONDARY EDUCATION

Introduction

The Principal Functions of the Division of Elementary and Secondary Education are:

1. As set forth in Title 16, § 906 of the Vermont Statutes: promulgate in/for elementary and secondary schools.

   Curriculum Development - Learning Materials and Resources

   a. Basic skills of communication, including reading, writing and the use of numbers (mathematics);

   b. Citizenship, history, and government in Vermont and the United States;

   c. Physical education and principles of health;

   d. Knowledge of English, American and other literature;

   e. The natural sciences;

   f. Such other knowledge as the State Board or Local School Board may deem desirable. (Examples are:

      1/ Environmental Education in accordance with Resolution adopted by State Board of Education, May 18, 1970

      2/ Modern Languages/other cultures

      3/ The Arts

      4/ Industrial Arts

      5/ Humanities).

2. Meet responsibilities to State Board of Education

   a. Preparation and presentation of pertinent data on Elementary and Secondary Educational Programs

   b. Specific recommendations

   c. General briefings

3. Provide the leadership service required of the Department to school districts and their 55 school superintendents implementing local designs for elementary education as required in elementary requirements and standards determined by the State Board of Education for school approval.

4. Through instructional leadership services to elementary and secondary principals and other leaders in curriculum development, implementation, and evaluation; promote the improvement of learning experiences in the seventy-one public high schools and the three hundred and forty-six public elementary schools.

5. Fulfill the leadership role required of the Department for approval of public elementary and secondary schools and direct studies leading to the improvement of this process (VSA Title 16 § 165).

6. Support legislation pertaining to areas of responsibility.

7. Provide Early Childhood Education consultative and liaison services in planning, developing, and evaluating learning programs for young children, working in coordination with other Departments and Agencies when appropriate to do so.

8. Provide consultant, liaison and dissemination services to LEAs for the purpose of improved educational opportunity for Vermont elementary and secondary school pupils.

   a. Field work, services, and activities:

Conferences	Publications
Observations/Consultations	Exhibits
Workshops/Demonstrations	On-site visits

Cooperative work in the creation of teaching/learning materials

Promotion of community resources/parent involvement

Work for articulation and integration in subject areas and in personalized learning experiences from kindergarten and elementary through the secondary levels in the schools across the state

Services for more effective utilization of libraries and instructional media.

9. Maintain appropriate liaison with external agencies and/or their instructional component(s).

a. Vermont Education Association and its numerous instructional/curriculum-oriented committees and affiliates

b. Vermont Headmaster's Association

c. Vermont Elementary Principals' Association

d. Vermont Association for Supervision and Curriculum Development

e. Vermont Superintendents' Association

f. Vermont Educational Television

g. United States Senate Youth Program

h. Governor's Committee on Children and Youth

i. Agency of Human Services

j. Agency of Environmental Concerns

k. Others to which staff members are appointed or having a working relationship

l. Student councils

10. Coordinate appropriate activities with Special Education, Vocational-Technical Education, Teacher and Continuing Education, and other Department Programs.

11. Direct, develop, and supervise the state and federally funded Alcohol and Drug Education Programs. (VSA Title XVI SS 51-55)

12. Direct and supervise the Driver Education Program as provided by Vermont Statute. (VSA Title XVI SS 1045-1046, also Act # 260 of 1972)

13. Develop arts and humanities programs and promote coordination with other disciplines.

14. Direct the Right to Read Program.

15. Sponsors Neighborhood Youth Corps In-School Program

Synopses of recent activities of the Division of Elementary and Secondary Education

Vermont's public school population during the past two years averaged 106,000 students including both elementary and secondary school enrollment. The scope of responsibility for state leadership service to the schools these pupils attend is great. Brief synopses of recent activities of the Division of Elementary and Secondary Education in carrying out its functions follow.

1. Public School Approval

All Vermont elementary schools are approved through 186 plans developed at the local level with the assistance of staff from the Division of Elementary and Secondary Education. The plans have been approved by the Commissioner of Education The Vermont Design for Education, a statement of philosophy with 17 basic concepts appears in the appendix of this paper and was studied by these local communities.

The approval of seventy-one public high schools is processed by this Division.

A State Board of Education mandate to the Director of the

Division of Elementary and Secondary Education for the development of an Early Childhood K-12 approval plan for public schools resulted in one of the current major activities in Vermont education. Five public hearings were completed recently. This activity will continue until a finalized document has been acted upon for the State Board of Education. The new process will then be a major endeavor.

7. Early Childhood Education

There has been an increasing emphasis lately on early childhood in the State generally as well as in the Department of Education. Early childhood, as a term, is used to refer to children from birth to eight years of age. It can apply to children in kindergarten and primary grade programs as well as to those in essential early education or other pre-school programs. The search for educational solutions for these young children has been marked by a wide diversity of approaches.

In Vermont, from 1972 to 1974, twenty-six local school districts added kindergartens to their public school programs. This brought the total number of districts having public kindergartens to 96 and the percentage of Vermont children receiving public kindergarten instruction to a little over 50%.

Drastic reduction in 1972 federal funding for child care in day care centers and homes in Vermont made the need for services widely recognized. In 1973, legislators, child care specialists and interested citizens, working together as a legislative subcommittee, made a preliminary study of child care problems.

The Department has received from the federal government annually a small sum for the purpose of improving its capability

to provide technical assistance to school districts with Follow-Through programs and others wishing to establish similar programs.

Two committees on early childhood education were active during the 1972-74 period; one, a state-wide committee, the Advisory Committee on Pre-school Planning; the other, the Committee on Early Childhood Education, chaired by the Director of the Division of Elementary and Secondary Education. The latter committee has recently completed a Department position paper on early childhood education.

3. Right To Read

The national Right to Read effort is a coordinated endeavor involving all segments of society to insure that no American shall be denied a full and productive life because of an inability to read effectively. Its application in Vermont is directed towards eradicating illiteracy in the State by upgrading the competencies of teachers.

4. Mathematics

A contracted mathematics consultant developed cooperatively with teachers a Pupil Progress Chart on basic competency in mathematics. This is a major project. He assisted with the approval plans of new school facilities, and served on evaluation committees leading to recommendations for approval of two high schools and one teacher education college program. Other duties included serving on the Metric Committee of the Department of Education and planning metric workshops. The consultant was active with the Vermont Bankers Association Education Committee in developing workshops on Money and Banking for Vermont schools.

5. Industrial Arts

A significant growth in student enrollment, facilities, program and curriculum development in the area of Industrial Arts was evident during the past two years. Industrial Arts is presently enrolling approximately 28,301 pupils in grades 7-12.

6. Environmental Education

Vermont is at present engaged in an unprecedented effort to protect the environment through legislation, education and citizen action.

The Vermont State Department of Education has directed its efforts towards urging all schools in the State to promote practical projects for the involvement of students and citizens. These projects are intended to expand ecological understanding and appreciation.

The Division continues to work with the Northeastern Environmental Education Development project (NEED); the Federation Garden Clubs of Vermont; and the Environmental Conservation workshop in cooperation with the Department of Forest and Parks. The Division also provided support for Environmonth 1973 and 1974 and helped with the planning effort for the proposed Outdoor Environmental Laboratory at the elementary school in Richford.

During the past two years, an interagency operation, the Vermont Environmental Action Groups, became active with the Deputy Commissioner of Education and the Coordinator of Science and Environmental Education representing the State Department of Education. A major thrust of their work was a "state of the

arts" study of environmental education to provide a comprehensive picture of what was happening in Vermont public and private schools.

7. Alcohol and Drug Abuse Education

During the summer of 1972, teacher training sessions were held in Rutland and Burlington, and in the summer of 1973, two more were held, one in South Burlington, the second in Wilmington. In addition to these major training sessions an experimental advanced session was held each summer for those who had trained in previous major training sessions. These training sessions were attended by school personnel, superintendents, principals, teachers, students, parents and other interested members of the community. Two hundred and fifty people were trained in the sessions held during the past two years.

In 1973, six high school students were added to the Alcohol and Drug Abuse Education Advisory Council as moved by the State Board of Education. The high school members recommended that high schools have student advisory councils. This reinforced the Department's guidelines that students participate in the planning and implementing stages of alcohol and drug programs.

Alcohol-Drug Education programs in the schools are coordinated with the Alcohol and Drug Rehabilitation Division of the Agency of Human Services. Staff members of the Alcohol and Drug Rehabilitation Division and members of the Department of Education are trainers at the training sessions as well as on-site consultants to the schools.

8. Driver Education

Driver Education programs are attempting to replace those people on the road who approach driving with hostile attitudes with those who see the driving task as a cooperative activity of civilized people.

During the past two and one-half years, the Department has worked cooperatively with the Vermont Alcohol Countermeasures Project in order to provide young people with factual information and analysis of actual Vermont highway accidents related to alcohol. New curriculum material pertaining to drinking and driving, developed cooperatively by the Department of Education and the Vermont Alcohol Countermeasures Project, is currently being tested in all Vermont high schools.

9. Health Curriculum Project

The Vermont State Department of Education is involved in developing a Vermont Health Education Resource Guide on K-12 continuum.

10. Neighborhood Youth Corps Programs

The Vermont State Board of Education sponsors the Neighborhood Youth Corps In-School and Summer Program for the entire State of Vermont, except Burlington. The program is available to all secondary schools in the State, and approximately 70 schools have had enrollees during the biennium.

Enrollee wages have increased from $1.60 per hour to $2.00 per hour as determined by the U.S. Labor Department and wage laws. The trend is to make enrollee jobs more meaningful and educationally oriented. Student tutoring, outdoor science

studies, and nature developments have been added to the varied list of job opportunities.

The Neighborhood Youth Corps programs have operated with an enrollment of 216 per year in-school enrollees and 1,200 per year summer participants. Federal funds totaling $1,349,820 have been used in the two-year period with over 80 percent of this amount being paid to enrollees.

The Neighborhood Youth Corps program is gradually undergoing a change from federal to state control. The State of Vermont will be prime sponsor of all Manpower programs with the State Board of Education subcontracting for in-school and summer Neighborhood Youth Corps. The Manpower Planning Services will control and monitor the programs.

B. SPECIAL EDUCATIONAL AND PUPIL PERSONNEL SERVICES

Introduction

This Division has the dual responsibility for assisting educational units in the expansion and improvement of programs which meet the educational needs for handicapped youngsters, and in the development of guidance, health and psychological services in a coordinated pupil personnel team. Great strides have been made in both areas during this biennium.

Long range planning, improvement of services at the local level through teacher training activities, development of different models for delivery of service and continued public support, have assisted in the accomplishment of the third step of the TEN YEAR PLAN FOR MINIMUM ESSENTIAL SPECIAL EDUCATION. Local, state and federal funds coupled with dedicated professionals have allowed for the continuation of quality programs for special children.

The PLAN FOR SPECIAL EDUCATION itself is a design through which children with handicaps in all school districts of Vermont will be provided with staff and other educational resources needed to assure them of a free public education. The Plan, if carried to completion, will result in minimum essential services being available to all of the children by 1983. In addition to maintaining and improving the existing special education in residential centers, homebound and hospital programs, and special classes, an intensified effort is being made to provide new programs for pupils with speech impairment, learning disabilities, behavior handicaps, profound mental retardation, and other multiple handicaps.

How many handicapped children are there in Vermont? Our present estimates indicate that there are about 17,437 in the school-age group and about 1,800 in the pre-legal school-age group. These figures are derived from a census taken in school districts in 1973 and from the Department of Education estimates using national and state incidence rates.

School districts still vary greatly in the percentages of pupils served by special education programs. There is also a wide variation within districts in services depending upon the type of handicap. However, the gaps in special education programs are closing as services reach new areas of Vermont or reach more adequate levels within districts providing service.

How does Vermont compare with other states in regard to number of handicapped children in programs? A recent publication of the United States Office of Education called SERVICES FOR HANDICAPPED YOUTH: A PROGRAM OVERVIEW reports that the national percentage of

school age handicapped youth served in the United States is estimated at 39%. Vermont today has 36% of its handicapped children in approved special education programs as compared with 12% in 1971, the year before the TEN YEAR PLAN was established, showing that the State is advancing toward the national average.

1. Special Education Services

a. Mental Retardation

During the biennium there has been a seventeen percent (17%) increase in enrollment of mentally handicapped youngsters in special classes. This includes elementary and junior high classes as well as Diversified Occupations Programs for secondary handicapped pupils and Work Activity Programs for advanced trainable pupils. Other mentally handicapped youngsters not enrolled in special classes have been served by consulting teachers and by tutors.

The youngsters graduating from Diversified Occupations Programs in Area Vocational Centers now receive regular high school diplomas. On the job training programs have resulted in economic independence for a majority of the special class graduates. Cooperative programs with Mental Health Services and with Vocational Rehabilitation assist the less independent youngsters by providing on-going training and sheltered workshop activities.

Mentally handicapped youngsters are included, wherever possible, in the life of the school community and receive the ancillary services available at the local level. During this biennium, Federal funds, earmarked for mentally handicapped youngsters in area programs, have provided a variety

of enrichment activities; physical, mental and psychological services; and additional staff which has allowed the focus to be on the total needs of the children.

Continued support of and training for special class teachers is an on-going process designed to insure quality education in special classes.

The goal of special class programs is to assist the mentally handicapped individual in maximum development of personal, social and economic potential, thus insuring these people a sense of human dignity and worth, and participation in society as a decision making contributing citizen.

b. Learning and Behavioral Handicaps

A major goal of the Division during the two-year period was to provide technical and financial assistance in the delivery of special education services to 640 previously unserved school-age children and youth with learning and behavioral handicaps.

c. Crippled and Other Health Impaired

The goal of each program for children with crippling and other health impairments is to provide continuous academic and social growth in a school which deviates as little as possible from that attended by more normal peers.

Some State school systems and individual schools which have made great headway in this respect include the Bennington School district, Brattleboro Union High School, and Castleton Elementary School, North Country Union High School,

Poultney High School, and the Rutland School Systems. Behind each successful educational setting for the physically handicapped youngster in the regular school setting, stands at least one dedicated advocate. This person's duties range from organizing the school program, to assistance in toileting and to aid in the securing of employment.

Schools built within the last three years are considered to be free of architectural barriers. Some schools are installing minor modifications which meet the needs of a particular student at the time. Only about one in every three crippled children needs some special equipment, curriculum adaptations, elimination of architectural barriers or daily physical therapy.

The Division of Special Educational and Pupil Personnel Services provides for the continuation of a child's education while in the hospital and during recovery at home. If education is a preparation for the future, then tutoring while in the hospital provides link with the future by relieving some of the child's anxiety brought on by hospitalization. In the Burlington area, a full-time teacher is employed to cover the area hospitals. Other hospitals are covered by part-time tutors. Over the past two years, 436 pupils have been served by the tutoring program.

A smaller number of pupils with more severe physical impairment who require temporary or permanent residential care are placed at the pediatric unit of the Vermont Achievement Center in Rutland, at Crochet Mountain in

New Hampshire, and other approved residential centers. The Child Health Services of the State Department of Health continue to play a major role in providing the medical and related counseling services required. The Division works closely with the Department of Health and the Vocational Rehabilitation division in providing services for these children.

d. Multiply and visually handicapped

Considerable progress was made in the past two years in the identification and education of multiply handicapped students, along with greater coordination among agencies on meeting their special needs. Planning with the Department of Health, Mental Health, and Rehabilitation aims at providing a long-range program for these children that will assure them as independent an adulthood as possible.

Residential schools for handicapped children have an increasingly larger proportion of multiply handicapped students in their student bodies. However, more of these students are being educated in their communities or in area special education classes than a few years ago. An intensive effort is underway to identify the few multiply handicapped children still unserved and arrange an appropriate education for them.

Over eighty percent of Vermont's visually handicapped students have been identified and are receiving services. Consultation for classroom teachers, parents and students is provided, along with the provision of instructional

materials. Students in regular classrooms are served by itinerant consultants. A few students, with very special needs, attend residential schools.

The itinerant program serves nearly one hundred visually handicapped students widely scattered around the state. Arrangements for local support help on a daily basis can be made when needed.

During the two years, responsibility for home and school pre-school programs was assumed by the Division. Systematic evaluation of pupil achievement and better pre-vocational counseling skills have upgraded the existing services. Planning sessions with Maine and New Hampshire, and on a national level, have been initiated. Emphasis is upon more effectively serving handicapped students in rural areas by an itinerant program.

e. Language, Speech and Hearing Services

The Language, Speech and Hearing Services program has continued to grow during the two year period. As of June 1974, there were 41 speech pathologists providing services to 4,284 students identified as needing improvement in communication skills. This represents about 28% of the students have language, speech and hearing problems in Vermont schools.

There are presently 20 speech pathologists who are supported by funding from the Vermont General Assembly. Other programs are funded with Federal monie from Title I 89-10 and 89-313.

Increased emphasis on providing services to the hearing impaired within the local school district has been initiated. Federal program funds to implement an educational audiology program on a pilot basis in the Northeast Kingdom called Project HEAR have been approved. This Project will serve as a model for identifying those students who have educationally significant hearing losses and will identify ways of providing educational instruction to these students.

Services to the 97 severely hearing impaired pupils have been provided both at the Austine School for the Deaf and the Austine Educational Unit in Burlington, and at other centers out of state. A center of the Deaf-Blind has been set up at the Vermont Achievement Center.

At the Austine School, the continued emphasis has been on preparation of the student for further education and skill training. To assure that services are provided to the hearing impaired that meet the needs of all, a comprehensive plan is being developed. This will relate to the early identification of hearing impaired and to provisions for educational and vocational services that will meet the needs of both children and adults. The Austine School and the Brattleboro Area Vocational Center cooperate in an integrated program of vocational education of deaf pupils.

Another program emphasis has been on building programs that will successfully integrate the less severely hearing impaired child in the regular classroom at the local level. To achieve this, coutinued in-service education has been

provided to teachers in local schools who are serving the hearing impaired. Also support services from the staff at the Austine Educational Unit has provided training and follow-up services for students who are served in the local schools.

f. Training

Training for regular educators dealing with the handicapped learner as well as training for the specialist are offered by the Division in a number of forms. The emphasis is on the delivery of service to the child based on his/her individual needs.

The close of the biennium marked the completion of a two-year project to train Diversified Occupations teachers of secondary mentally handicapped students and the beginning of a two-year grant entitled IMPACT. IMPACT will provide for the improvement of teaching methods for regular class teachers involved in the education of handicapped learners.

A second major goal of the Division during the past two years has been the training of 330 additional classroom teachers in the essentials of teaching and managing children with learning and behavioral handicaps. Thus, learning specialist trained regular classroom teachers in the knowledge and skills essential to individualizing instruction and changing inappropriate behavior. This training was provided at several levels.

Unfortunately, even trained classroom teachers have had little or no control over the home situation. For this

reason, the Division chose as its third major goal for the two years the provision of direct services to parents of children with learning and behavioral handicaps. Training in the basic principals of behavior analysis was provided for fifty parents through a series of workshops conducted by two faculty members of the Special Education Program and the Department of Psychology at the University of Vermont in cooperation with consulting teachers, regular classroom teachers, school administrators, and teaching parents from the Residential Learning Center in Burlington.

The workshops were successful in demonstrating effective changes in many of the children whose parents participated. All parents expressed appreciation for the opportunity to participate and indicated improved relationships with their children. In addition, classroom teachers and administrators from participating school districts also cited improved home/school relations as a result of parent training.

2. Pupil Personnel Services

Pupil Personnel Services represent the guidance, school psychological and health services activities undertaken by the Department of Education. Under this office, these activities are planned and coordinated so that the needs of the students may be understood and effectively met within the educational system.

a. Guidance Services

The Department's responsibility in the area of Guidance is to plan activities that will encourage and support each

local counseling staff in creating and delivering services to young people as they consider various choices, make decisions and accept the adjustment each must make as he moves through life. During this two-year period, the guidance services consultant initiated a special Guidance Improvement Project designed to update local plans for guidance.

b. Health Services

The agreement to share a consultant in School Health Services, made earlier between the Department of Health and Department of Education, has proved to be increasingly significant in improving school health services. It has provided strong leadership for school nurses and dental hygienists by combining medical and educational responsibilities.

During this biennium a recommended comprehensive program for Vermont School Health Services was developed in cooperation with the Vermont State Medical Society, Vermont State Dental Society, Vermont School Nurses' Association, Vermont Superintendents' Association, Vermont Elementary Principals' Association, and Vermont Headmasters' Association. Both the State Board of Education and the State Board of Health have approved these guidelines for developing and implementing a health services program in Vermont schools.

The School Health Services Consultant has secured grants and has provided two week long workshops for eighty school nurses on hearing conservation coordinated between the

Health Department and the Vermont Achievement Center. Additional grants secured in cooperation with the Vermont School Nurses' Association and the Center for Disorders of Communication have provided for four week long neurological workshop for an additional eight school nurses.

Leadership and coordination was provided among the Departments of Health, Mental Health and Education by the consultant serving as both a member and the chairman of the Developmental Disabilities Council in its planning and advising on services to the developmentally disabled.

The consultant coordinated efforts to keep school health personnel aware of community trends in health care delivery by serving on the Board of the Home Health Agencies, and by representing the Department of Education on the Task Force for Early Periodic Screening, Diagnosis and Treatment.

The throat culture program has been expanded to a statewide program; the "School Alert" program in cooperation with the Vermont Epilepsy Association has been instituted; the S.A.F.E. Immunization Program has been implemented statewide through Departments of Health and Education coordination; and a lead screening program has been developed by coordination between the Departments of Health and Education.

C. VOCATIONAL EDUCATION

Vocational-Technical Education has maintained a continued implementation of the area vocational center program which was mandated

by the 1964 legislature and of policies developed by the State Board of Education in 1965. These included programs for both youths and adults. Career Education, which began in 1970-71, continued to flourish and expand in 1972-74. Personnel in the Division of Vocational-Technical Education played a large part in helping the Career Education concepts grow.

Vocational-Technical Education is supported at the federal, state and local levels. Programs are operated under a Vermont-State Plan, which is prepared annually and has a five-year projection.

Major activities in vocation-technical education during the biennium follow:

1. Area Vocational Centers

The thirteenth center, Brattleboro Area Vocational Center, opened in September, 1972. The fourteenth area vocational center at Rutland completed its construction in early 1974. After several surveys and studies, development of alternatives by committees, and a selection of one of these alternatives by people in Franklin County, the State Board of Education approved construction of a second small center in the Enosburg/Richford area of Franklin County to meet the needs of the students in that area.

Vocational Enrollments

Growth in the number of persons served is indicated below:

	FY 1972	Fall, FY 1974
High School	12,142	14,805
Regular	6,781	8,835
Homemaking	5,361	5,970
Male	606	1,127
Shared Time	981	1,545
Post High School	235	235
M.D.T.A.	22	30
Adult	4,550	5,198

The total number of co-educational programs, exclusive of consumer and homemaking education, offered in Vermont grew from 284 at the beginning of the 1972-74 period to 365 at the end. Included in this picture were five new types of programs: Communications Dispatcher and Diesel Hydraulics, Randolph Area Vocational Center; Tree and Landscape Management, Mount Anthony Area Vocational Center; Aviation Mechanics, Burlington Area Vocational Center; Maintenance Mechanics, Brattleboro Area Vocational Center and new programs in agriculture at the Burlington Area Vocational Center, Manchester and Union #32 High School.

In addition, there were about 64 Consumer and Homemaking Education programs at the end of the period. Cooperative Vocational Education programs, where a student spends about half time in school and half time on the job, increased enrollments from 465 students in fiscal year 1972 to 771 during fiscal year 1974. The shared time enrollments from schools outside the area vocational center increased from 981 to 1545 during the two years.

2. Post Secondary Education

The Vocational-Technical Education Division assisted in the operation of the three schools of practical nurse education at Putnam Memorial School at Bennington, Thompson School at Brattleboro and Fanny Allen School in Winooski. Enrollments remained constant during the period. This is the only post secondary institutional-type occupational education program administered by the Department of Education.

During fiscal year 1974, the Division and the Vermont Community College carried on cooperative efforts to attempt to establish post secondary occupational programs using the area vocational center facilities.

3. Adult Education

As additional area vocational centers have opened, the number of adult vocational courses has increased. The number of adults enrolled in such courses also increased from 4,550 to 5,198. One hundred ninety-eight of the latter figure were disadvantaged adults. Special efforts were made during the two years to provide courses for these individuals. The greatest increase in enrollments for adults was in the consumer and homemaking courses. Efforts were continued during the biennium to provide training for new and expanding industries in the state.

4. Manpower Development and Training

Consultants from Manpower Development and Training cooperated with the Department of Employment Security and other state and local agencies in the development of a Vermont Manpower Development and Training Plan for fiscal years 1973-1974. Consultants also developed, initiated, supervised, and evaluated programs in basic education and occupational skill programs for 664 adults. This also includes three programs for 118 individuals funded to private/public training institutions both within and outside the State of Vermont.

A long step forward on the road to a decentralized and decategorized Manpower system was taken in 1973. On December 28, 1973, the President signed into law the Comprehensive Employment and

Training Act (CETA), advancing minimal federal direction of program design and operation. The transfer promises to reduce the past fragmented manpower development efforts by several agencies in which multiple projects were independently aimed at similar problems. Under the new legislation elected officials will act as prime sponsors for target populations within their jurisdiction. The prime sponsor for the State of Vermont will be its Governor. CETA programming within the state is coordinated by the Office of Manpower Services within the Human Services Agency. This Act gives the Department of Education a specific role to play in the training of the State's manpower.

5. Youth Organization

The activities of the vocational student organizations are an integral part of the secondary instructional program to which they relate. The organizations active in Vermont are DECA (Distributive Education Clubs of America), FHA (Future Homemakers of America), FBLA (Future Business Leaders of America), VICA (Vocational and Industrial Clubs of America) and the FFA (an organization of students studying Agribusiness Education), Vermont is the only New England state to have a VICA organization.

6. Career Education

Vocational education programs are a significant and essential component of Career Education. However, the concept embodies all portions of education at all levels with emphasis as follows: Career Awareness - Grades K-6, Occupational Orientation and Exploration - Grades 7-10, and Career Preparation - Grades 11-Adult.

D. DIVISION OF FEDERAL PROGRAMS

Introduction

The Division of Federal Programs is responsible for the administration and coordination of programs funded through the Elementary and Secondary Education Act, the National Defense Education Act, and the Follow Through Technical Assistance Act among others. During this biennium the Division administered over $8.5 million in federal funds. These funds provide services for elementary and secondary students attending private as well as public schools.

Since 1965, when federal aid to the States emerged as an important source of educational revenue, the mandate from Congress has been to deliver improved educational opportunities and services to all school children. Each source of federal funds is designed to meet a specific educational need.

It is the responsibility of the Division of Federal Programs, through the various funds that it administers, to provide assistance in dollars, people and technical assistance to local school system.

1. Title I - E.S.E.A. - Education for the Disadvantaged

Title I of the Elementary and Secondary Act of 1965 was established to aid children who were educationally disadvantaged. It recognized that there is a relationship between low academic achievement in school and the degree of economic poverty in a neighborhood, town or country.

Once a school district has been declared eligible for Title I funding, any child within that district who is one or more years below grade level in critical subject areas is eligible for Title I services. The determination of which services will

be provided is a decision made by the local district and reviewed by the State Title I office.

During the recent biennium, Title I funds provided the services of over 460 educational personnel who were able to serve 13,500 Vermont school children in need of help.

Title I - Funding Levels

	1973	1974
Part A Education for the Disadvantaged	$2,343,361	$2,093,951
Part B Incentive Grants	276,662	366,412
Part C Urban and Rural Grants	13,758	29,070

2. Title II - Supplemental Aid for School Library Resources

The relationship between the school library and the classroom is growing in importance each year. Title II of the Elementary and Secondary Education Act was established to help schools keep pace with new methods of information delivery.

Title II - Funding Levels

	1973	1974
Total State Allotment	$225,000	$206,217
Administration	28,000	27,522
Basic Grants to Elementary Schools	197,000	160,791

Title II funds are disbursed to Vermont elementary schools on a formula basis, each school receiving its portion of funds based upon its per pupil expenditures for instructional resources and its pupil population. The State Title II Consultant provides assistance to all Vermont schools in seeing that coordination takes place when new materials for the resource center are purchased.

3. Title III - Education Innovation

Title III of the Elementary and Secondary Act provides the only source of funds available to schools to cope with the numerous changes influencing the lives and minds of their students. The purpose of Title III funds is to allow schools to develop new course offerings or institute new methods of instruction which will improve the ways that students learn. During the biennium, the state Title III office has aided over one hundred school districts to make changes in their curriculum in direct response to the needs of their students.

Title III grants are awarded to schools on a competitive basis. It is the responsibility of the Title III unit to insure that each grant receives a fair and thorough review, that it meets federal guidelines, and that it is an innovative response to a critical educational problem. Once a school system has received a Title III award, it becomes the role of the state staff to provide any necessary technical assistance that a school may need to operate its new program.

Title III - Funding Levels

	1973	1974
Total State Allotment	$588,376	$544,927
Regular and Mini-grants	344,300	302,747
Handicapped	67,750	62,180
Guidance, Counseling, Testing	16,326	30,000
Administration of State Plan	150,000	150,000

4. Title VII - Bilingual Project

The Division was able to secure a grant of $99,000 for the northern tier of Vermont's school districts. A grant for

Bilingual Education to serve French-Americans residing in Vermont has been awarded to the school districts of Bloomfield, Brunswick, Canaan, Lemington and Norton, but will also serve Bakersfield, Berkshire, Enosburg, Montgomery, Richford, Brighton, Charleston, Coventry, Derby, Holland, Jay, Lowell, Morgan, Newport City, Newport Town, Troy, Westfield, Winooski, Alburg, Grand Isle, Isle La Motte, North Hero and South Hero school districts.

The purpose of this project is to provide school systems with a French-speaking population with the capability of developing a bilingual instructional and cultural program. Once the program has met with initial success in one school district, the experiences and results will be shared with the other participating districts.

E. SCHOOL ADMINISTRATION SERVICES

1. Child Nutrition Programs

a. School Lunch

Public Law 93-150, passed in the fall of 1973, brought significant changes in federal reimbursement for school lunch programs. The potential maximum per meal reimbursement was raised and will be adjusted twice annually in the future relative to changes in the "cost of eating away from home" index. The exact amount of reimbursement payments for free and reduced price meals was made dependent upon actual monthly per meal cost. State per meal reimbursement payments for free and reduced price meals was made dependent upon actual monthly per meal cost. State per

meal reimbursement has remained fairly steady during the past two years.

b. Milk and Breakfast Assistance

Children in Vermont schools who qualify for free lunches will also be eligible for free special milk in coming years.

Breakfast reimbursement to Vermont schools also increased during the past two years, going from a maximum of 15 cents on free breakfasts served in fiscal year 1973 to a maximum of 21 cents on free breakfasts served in fiscal year 1974.

Day care and head start programs participating in the Special Food Service Program for Children have continued to improve the quality of their food services. New legislation passed just recently brought increased reimbursement to Summer Only Programs nationwide in June of 1974 and to all programs by July 1, 1974.

2. School Facilities Plan
3. Teacher Placement
4. Private School Approval
5. Development of School Transportation Policy
6. Building Aid
7. State Aid to Education

F. DIVISION OF PLANNING SERVICES

Planning services in the Department of Education are provided in the following areas: (1) Department plan and project development; (2) Interagency planning; (3) Local School Supervisory District/Union

Planning; (4) Action Research studies.

Department plan and project development includes every office and division of the Department. PERT (Program Evaluation Review Technique, a precise time table for accomplishment) charts and action plans have been designed for committees and divisions. Evaluation of programs, assessment of student teacher, and community needs; and development of alternatives have provided the awareness of coordination and implementation of plans with less duplication of efforts.

Interagency planning has occurred with the State Planning Office, Human Services Agency, and the Department of Corrections with its emphasis on offender rehabilitation through education. Participation in bi-monthly State Planning Coordinating Council planning sessions has provided more open communications with the state government agencies and increased interagency coordination in plan preparation.

Implementing the A-95 process through the State Planning Office has increased the information flow for proposed programs in state government. Participation in town officers' training sessions provided for an exchange of perceptions and ideas existing between town officers and state government. Follow-up activities from town officers' meetings were accomplished through local supervisory district/union meetings and by transmitting service requests to other offices and divisions of the Department.

Local school supervisory district/union planning has become a reality in 13 supervisory district/unions.

The fourth area of Planning Services was in the area of action research. The research was completed in the following: Statewide teacher in-service needs assessment, design of renewal processes, validation of planning processes, information plan, organization of local school districts, State finance plans, early childhood education models, local supervisory district/union approval process, budget development process.

Educational Resources Information Center (ERIC) is a collection of more than 200,000 microfiche housed in the Department of Education available to any person desiring information on any subject covered in the index. Operating like an educational library, ERIC has helped thousands of Vermonters to secure timely and valuable information.

G. TEACHER AND CONTINUING EDUCATION

The Division of Teacher and Continuing Education is responsible for administering the certification regulations for all educational personnel employed in Vermont public schools, the evaluation of college programs in teacher education, the administration of Adult Basic Education program, the administration of the Arts and Crafts Service, the administration of several federal programs and the administration of the General Education Developmental Testing Program (GED).

In the past two years the Division has accepted responsibility for providing service and assistance to local school districts, colleges, and communities in the improvement of teacher education and in expanding educational opportunities for all adults. It has been committed to encouraging local determination of program

content and assisting the local agencies in meeting their specific needs.

1. State Certification

The following table shows the number of individuals certified by the Division over a four-year period:

	Certified Educational Personnel	Certified Teachers Employed	Para-Professionals
1970-71	8200	6500	0
1971-72	8800	6800	0
1972-73	9000	7000	287
1973-74	10216	7200	374

2. The Secondary School Equivalency Testing Program

During the 1972-74 period, Vermont Secondary School Equivalence diplomas were granted to 1,489 people who qualified by successfully completing the General Educational Development Tests, or who had earned 16 units of high school credit. This number included 145 veterans who were administered the tests in service.

In the past biennium 2,266 were tested in Vermont centers located at Barre, Bellows Falls, Bennington, Brattleboro, Burlington, Lyndonville, Montpelier, Newport, Randolph, Rutland, St. Albans, St. Johnsbury, Springfield and White River Junction. The GED tests are also made available by the State Department of Education to state health institutions and correctional facilities.

3. Adult Education

Since 1974 federal money has been available to the states to provide educational programs for adults who have not finished

high school. Federal mandates require that special emphasis be given to programs of Adult Basic Education: "...education for adults whose inability to speak, read, or write the English language constitutes a substantial impairment of their ability to get or retain employment commensurate with their real ability..."

The 1970 census shows that in the age group over 25 years old, nearly 43% of the population, or 99,851 people, have not finished high school. If high school dropouts between the ages of sixteen and twenty-four are added, the figure climbs to roughly 110,000.

From the beginning of the Adult Education program through fiscal year 1973, most programs consisted of night classes in local schools. In 1972 and in 1973 enrollments leveled off at about 1,800 students served per year.

Because of this apparent stagnation in enrollment, the program decided to move heavily into home instruction and correspondence study and to provide programs designed to allow maximum participation and maximum student success at realistic cost. The ultimate goal was to design delivery systems that overcome natural barriers to participation and offer many learning options. In fiscal year 1974 it was estimated that enrollment rose to approximately 2,400 students.

Delivery Systems - Delivery systems appropriate for illiterate adults are more likely to be home-based and to require a high proportion of program resources. Vermont is experimenting with systems that will better adjust teacher contact and program resources to student level and need.

Home Tutors - The home tutor serves adults at all levels, but adjusts instructional contact to the needs and levels of the students.

Literacy Volunteers - Literacy volunteers provide additional support for non-readers that may be identified by the home tutor.

Kitchen Classes - As the home tutor identifies and serves adult students, small neighborhood groups may form in a natural way.

Correspondence - Learning by mail seems to be appropriate for adults who are already fairly literate, self-motivated and close to high school completion.

Learning Centers - Drop-in learning centers operate in the larger cities to provide a place outside the home where adults can come to learn.

Classes - Classes are best offered at places where adults naturally gather, such as work locations, day care centers, armories and at training centers run by other agencies.

Adult High School Diploma Programs - Many high schools in the United States offer special adult diploma programs that grant credit for documented prior learning and allow flexible, individualized high school completion programs to be developed. Several Vermont high schools have expressed interest in such programs and the Division intends to provide guidelines and support to help such programs get underway.

4. The Arts and Crafts Advisory Council and the Arts and Crafts Service

The Vermont Arts and Crafts Advisory Council was created by State statute and consists of the Commissioner of Education, the Director of Vocational Education, ex-officio, and three members appointed by the governor for a six-year term each. The Council formulates the Arts and Crafts program and meets once each month in Montpelier for review and operational sanction of its program.

Acting as agent for the Council, the Arts and Crafts Service has traditionally done its work within the three major areas that appear to cover the intent of its legal mandate; i.e., marketing, education, and public relations.

H. DIVISION OF DEPARTMENT SERVICES

The Department Services Division serves the internal needs of the Department of Education and provides general services such as statistical data gathering, analysis and dissemination.

1. General State Aid

General State Aid to Education continues to be distributed through the "Miller Formula" which has been the basis for distribution since 1969. The amount of funds received by a school district in any school year is expressed as a percentage of the school district's current resident expenditures for the second preceding school year. This percentage is a function of a district's wealth per pupil in A.D.M. (A.D.M. being the average school enrollment for the first 30 days of the school year) as

compared to the state-wide wealth per pupil. Wealth is measured on the basis of Fair Market Value of all properties as determined in the Equalized Grand List established by the Department of Taxes.

The intent of the formula is to distribute state-wide resources for education in an equitable manner, thus moving toward the goal of providing equal educational opportunities for all Vermonters. Current effort is directed toward the improvement of the distribution of funds to meet this goal. The Department of Education is assisting the executive branch and legislative branch of state government, all local school officials and citizens in this effort.

2. Legal Counsel

The duties of the General Counsel of the Department of Education include being on call to all of the local superintendents and local school districts to assist them in interpreting state and federal law and regulations. The General Counsel also provides a legal sounding board for concerned citizens, parents and children who need advice or make their feelings known regarding the law and education in Vermont.

As General Counsel to the State Board of Education, the Commissioner and the Department of Education, the position of Legal Counsel encompassed a broad range of subjects including contract and legislative drafting, first and fourteenth Amendment rights under the United States Constitution with particular emphasis on substantive and procedural due process for students

and teachers, church-state regulations as they affect aid to private schools, and equal protection as it relates to our system of financing education.

CHAPTER II - Part B

In addition to programs which are the direct responsibility of the six departments represented on the Council, presentations were made by the Governor's Commission on the Administration of Justice on Youth Serice Bureau programs, the University of Vermont Extension Service, and the Office of Child Development. Descriptive material is included in this report.

YOUTH SERVICE BUREAUS

GOVERNORS COMMISSION

FOR THE ADMINISTRATION OF JUSTICE

A. Background

1. The Governor's Justice Commission

a. Purpose:

improve criminal/juvenile justice systems by developing plans; and programs and recommendations to implement them.

b. Staffing

c. Activities:

-prepare annual Comprehensive Plan
-review, fund, monitor, evaluate projects

-special studies by staff and Task Forces
-recommendations for Legislative and Executive action.

-administer supplementary (discretionary) funds.

d. Funding for programs (federal):

	1973	1974	1975 (est.)
Action	$1,272,000	$1,272,000	$1,272,000
Discretionary	263,987	596,214	500,000

e. Program areas involving juveniles or youth (1974):

Prevention and diversion: juvenile delinquency prevention in communities

Law enforcement: juvenile specialization in local police agencies

Corrections: purchase of services
: alternative care

B. What are Youth Service Bureaus?

1. Community-based "vehicles" for developing and promoting comprehensive delinquency prevention activities

-assuming leadership without monopoly

-structures and procedures largely locally defined; a "model" for YSB must remain vague, while basic functions are clear.

2. Comprehensive delinquency prevention consists of:

a. General prevention: stimulating community responsibility and action in changing social conditions adversely affecting youth

b. Individual prevention: improving supportive or corrective services for youth showing serious maturation or adjustment problems

c. Diversion: establishing formally recognized alternatives to the court process for cases better handled otherwise.

C. What is happening in Vermont?

1. Funding (in $ thousands):

	1973		1974	
	LEAA	HEW	LEAA	HEW
Addison	20.(d)	25.	20.(a)	30.
Chittenden	36.(a)	75.	76.(a)	75.
Windham	21.(d)	—	35.(a)	
Washington	—	—	100.(d)	100.
Bennington	—	—	26.(a)	4.

a=action funds
d=discretionary funds

2. Programs:

a. Origins

b. Addison (July 1974)

-program: direct services--counseling, education, recreation for referrals from area high schools

c. Chittenden (July 1974)

-program: direct services, referrals, follow-up and service evaluation; youth advocacy

d. Windham (October 1974)

-program: organizing community and agency resources for greater results; Juveile Diversion Board

e. Washington: (at start-up)

-program: direct services; coordination of services

f. Bennington: (at start-up)

-program: direct services; improve access to services; advocacy of services; diversion

D. Prevention and diversion: juvenile delinquency prevention in communities.

E. Law Enforcement: juvenile specialization in local police agencies.

F. Corrections:

1. purchase of service

2. alternative care

GOVERNOR'S COMMISSION ON THE ADMINISTRATION OF JUSTICE
EXPENDITURES FOR "YOUTH" PROGRAMMING
(PRE AND POST-ADJUDICATION)

	1969	1970	1971	1972	1973	1974	Total
uvenile Officers	-0-	$23,655	$73,879	$50,925	$80,856	$40,000	$269,315
iagnostic Services	-0-	30,434	-0-	-0-	-0-	-0-	30,434
rug and Alcohol	-0-	48,416	13,595	47,772	43,413	35,000	188,196
roup Homes	-0-	7,500	50,840	74,235	96,801	130,000	359,376
outh Services	-0-	-0-	20,500	16,712	111,442	255,000	403,654
urchase of Services	-0-	-0-	-0-	99,725	57,822	300,000	457,547
egal Representation for Juveniles	-0-	-0-	-0-	-0-	-0-	14,255	14,255
otal "Youth" Programming	-0-	110,005	158,814	289,369	390,334	774,255	1,722,777
otal LEAA "Programming" funds	$100,000	582,417	1,138,089	1,197,573	1,535,987	1,868,214	6,422,280
"Youth" Programs of Total LEAA "Programming" Funds	0%	18.9%	13.9%	24.2%	25.4%	41.4%	26.8%

Office of Child Development

At present the OCD is a licensing office whose duties are spelled out by law. By September 1974, there were 600 day care facilities which accommodate 7,000 children in Vermont. By 1980, it is hoped there will be 950 facilities for 9-10,000 children. The office has the following program areas:

1. Licensing of day care facilities- This portion of OCD operations is spelled out by law and administered by inspectors on the OCD staff. These facilities include private kindergartens and nursery schools. OCD has no funds available to help upgrade the quality of a local day care facility; it can only do this through regulation enforcement, at this time.
2. Technical assistance program- The office has a program which includes a resource bank and which involves a systems approach to maximize in-state resources. Any day care operator has access to this assistance program.
3. Training program for day care staff- This program will provide training requested by a day care operator. Through the resource bank which contains a listing of people with specific areas of expertise, training programs designed to meet specific needs can be organized and delivered.
4. Cooperative human development- Project with the Office of the Aging, Manpower, and Social Rehabilitation Services. This program is designed to involve through training and job openings those elderly over 55 years of age with skills in delivery of child care services.

1973-1974 UPDATE ON FACT SHEET FOR DAY CARE IN VERMONT

Prepared by Day Care Advisory Council

June 1973 — First Annual Vermont Child Care Conference - University of Vermont - 100 people present.

Press release issued taking a stand against two-parent family ruling, reduced day care rates and proposed fee schedule all due to go into effect on July 1, 1973.

June — First hearing of the Joint Legislature Committee on Day Care, established by the 1973 Session of the Legislature to study day care in Vermont and make recommendations re: its future.

Summer 1973:

— Day care Directors of Vermont formed an Association.

— Vermont Association for the Education of Young Children was formed.

— Governor's Committee.

— The Vermont Coalition of Child Care was formed under the leadership of Caryl Stewart and the Vermont Women's Political with representatives from the Vermont Day Care Director's Association, Vermont Head Start Directors Association, Vermont Association for the Education of Young Children, the Governor's Committee on Children and Youth, the Governor's Commission on the Status of Women, and the League of Women Voters.

— Children First, a research and advocacy oriented organization was formed and joined the Coalition.

October:

— The Governor's Commission on the Status of Women completed a study on Day Care Needs in Vermont.

— The Vermont Assocation for the Education of Young Children in cooperation with other organizations in the state began to publish the VAEYC Review, a newsletter on children and children's programs in Vermont.

— The Chittenden County Child Care Association was formed to include all persons in Chittenden County interested in children.

— Administration of Day Care was transferred from the Social Welfare to Social and Rehabilitative Services. Due to pressure from the Coalition, parents, individual citizens, and the Joint Legislature Committee on Day Care, a number of significant changes were made:

1. The "two-parent ruling" was reversed.
2. Licensed group homes and home rates were increased to 50¢/hour and approved home to 40¢/hour.
3. The fee schedule was revised with a much less severe curve.

— The Coalition met to prepare a proposal for legislature to the Joint Legislative Committee on Day Care. Proposed an Interagency Council for Children, composed of heads of all state departments dealing with children, and whose major purpose

would be to develop a comprehensive plan for coordination, delivery, and expansion of all services for all children in Vermont.

January - March 1974

— Child Advocates was formed as a private, non-profit corporation whose major purpose would be to lobby on behalf of children in the Vermont General Assembly.

— The Interagency Council for Child Development was established

— A Hot Lunch Bill was passed, mandating that all towns not wishing to participate in the school hot lunch program vote at a town meeting called for that purpose.

— A bill somewhat strengthening the Child Abuse Laws.

— Appropriations were made in the amount of $500,000 for matching share for Title IV- A Day Care Services and $20,000 + for the G.C.C.Y.

— In February the Day Care Advisory Committee was appointed by Tom Davis including directors from both public and private centers and parents to offer technical assistance to the Agency of Human Services in the Field of day care and to act as an advocate on behalf of Day Care programs in Vermont.

May, 1974 — Day Care rates were raised to:

$ .85/ hour for day care centers

$ .65/hour for group homes

$ .55/hour for licensed and approved homes

$ .40/hour for in-home unapproved

— The Vermont Child Care '76 Campaign was organized as a public education campaign to promote an awareness of child care both as

a service to strengthen the American family and to promote the development of the individual child, and to achieve community controlled quality child care services for all families who want or need them by 1976.

June 1974

— Second Annual Child Care Conference at UVM.

— The Vermont Child Care '76 hosted a Leadership Development Seminar for Child Care '76 leaders throughout New England.

— The Vermont United Parents Federation was formed to include all parents with children in day care and child development programs in Vermont.

University of Vermont

Extension Service

The Extension Service is the largest educational organization in the world. It involves a partnership between the federal, state and local government units through the land grant college system. This partnership was initiated through the Smith-Lever Act of 1914 and now involves a cooperative working program in each of the 50 states and U.S. Territories. Generally it is preventive in nature, geared to "help people to help themselves." Programs involve all age groups and function outside the University's formal classroom structure. A dominant characteristic of all programs is the utilization of volunteers. Extension programs are non-regulatory, but informational as regards regulations of federal, state and local governmental units. Vermont has a delivery system which includes 14 county centers, plus 3 urban centers for youth and their families. Each county has agents plus specialized youth agents. There is a recent addition of low income family aides (35) plus program assistants (6) to extend programs to more youth. Extension projects and programs also have 3,000 Vermonters acting as advisors to programs such as 4-H. Major Vermont programs include the following:

1. Family living program- This program is based on the premise that the "most teachable moment is when there is a problem." It includes help in infant and child feeding, alternatives to traditional diet selections (protein substitutes), consumer concerns, financial counseling, housing, health programs and community development.

2. Youth program - This cluster of programs is geared to the development of the individual through leadership development and acquisition of practical skills.

600,000 education contacts

150,000 contact with youth

135,000 family living contacts

60,000 contacts through volunteers

21,000 youth reached

Content includes animal science forestry, plant science, career exploration, community development, camping and conservation.

A. Number of participants between the ages of 0-18 —

1. Youth (directly involved) 20,360

   Contacts with youth in youth programs ..148,796

2. Survey of 2,800 homemakers indicated 2,985 children (ages 0-18) in the home. This clientele is being reached through Family Living programs which affect youth (nutrition, housing, health, consumer education, clothing, etc.)

   Contacts with Family Living Programs 135,000

B. Areas of Vermont in which the program operates.

1. Fourteen counties (youth agent and home economist in thirteen counties).
2. Extension services reach nearly every community in Vermont--rural-farm, rural non-farm, village or city.

C. How does one become eligible?

1. No eligibility requirements, It is for anyone, regardless of race, color, national origin, sex or religion.

D. $331,682 is budgeted for the Youth program.

It is estimated by the Extension Service that 1/4 of the potential audience was reached through youth programs.

School readiness programs - These programs piloted in three Chittenden County towns covered areas of developmental disability screening particularly in language development. Also, preparation of children for a full time school experience was begun through a school readiness curriculum. The program involved children scheduled to start first grade in September 1974. The towns involved currently sponsor no public kindergarten. The Family Living Programs and the Youth Development Programs cooperate locally with social service agencies to disseminate information and to strengthen on-going activities on an agency partnership basis.

Public Information - The Extension Service sponsors a daily program on a Vermont TV station (WCAX). They also have a consumer hot line once a week and other specially scheduled programs on the Educational TV network.

CHAPTER III

FINDINGS

Research by the Executive Secretary and testimony at informational meetings held by the Council resulted in four generalized categories of findings. These include:

A. Positive Dynamics

B. Duplication of Services

C. Gaps in Services

D. Problem Areas

The Council recognized the magnitude of the task of covering each of these areas in any meaningful depth. It is felt that these findings do, however, provide direction for future Council effort.

A. Positive Dynamics

While creation of the Interagency Council was with the express purpose of identifying and remediating weak areas in the delivery of services, there are also positive aspects to the scope of child development programs. The Council found evidence of healthy regional cooperation and much informal coordination between departments. There is a need for increased cooperation, coordination and planning, but there is indeed a base to build upon.

Data on delivery of service to children indicates three essential dynamics which must be present for high quality to exist. They are as follows:

1. Operational regional groupings

2. Effective communication systems

3. Healthy interdepartmental coordination and cooperation

1. Operational regional groupings

A child in need of services must have them relatively accessible to where the child lives. Existence of specialized services in Burlington, for instance, is not necessarily going to be of benefit to a youngster 150 miles away. The priorities, however, in a period of economic stress become difficult. Duplication of essential yet specialized medical, social and, indeed, educational services is costly and unlikely.

The services of the six departments represented on the Interagency Council exist in a variety of regional groupings. Each county or social-geographical area has components of departmental services. Integration of medical, nutritional, welfare, social and educational services is only as effective as the informal mechanism which is operating. Most areas have a mechanism for local staff of various departments to meet. These vary from a structured approach such as the Addison County Health Council to a relatively informal structure such as the Ad Hoc Committee in Burlington.

Informal coordination and cooperation exists in as many forms as there are people involved. Key staff

whose role description includes responsibility to coordinate a variety of service personnel and programs are essential to quality delivery of services. In many areas the School Nurse, Public Health Nurse or an SRS Resource Coordinator is central to such an effort. A combination of circumstances and talents are essential for any degree of success. The responsibility of such efforts must be accepted as part of the role or job description. Knowledge of the geographic area, a real understanding of networking principles, updated knowledge of programs, staff and eligibility requirements combined with a sense of political awareness and sensitivities must occur in key staff personnel to achieve coordination at regional levels.

The Council membership is in agreement regarding the importance of regional coordination through regional groupings. Council staff will continue to collect data on regional models so that responsibility for designing a plan for effective service delivery can be improved.

2. Effective communication systems

Exchange of information is an important ingredient of what works to maintain quality delivery of services. This is apparent at the State Interdepartmental, Interagency level, inter-divisional level, State-regional or public-private service organizations level. Incorporating meeting times for information exchange

into actual job descriptions and responsibilities at all staff levels can be a step in the right direction. Actual contact between people who need to effect co-ordination is far more effective than just the printed memo route. It is essential that those who must coordinate social services have legitimate opportunities to meet and exchange information. This observation has been borne out in a number of ways. One of the positive spin-offs of the establishment of the Interagency Council has been a distinct increase of interdepartmental contacts between staffs. It has been observed that when Commissioners meet for the express purpose of exchange of information and examination of problems, that subsequently their staffs begin also to do the same thing. This has been espe cially true where coordination of Education with several Human Services Departments has been necessary. Mechanisms should be planned so that this becomes an ever increasing effort at the State level. It is essential, however, that such efforts be based on effective problem solving relationships rather than on paper tables of organization. Linkages between state level efforts and regional informational groups can be increased by attendance at both meetings of Interagency Council staff. Staff who have attended both State and regional meetings have noted how similar the process is which takes place. Exchange of information is

a slow process: for example, the Franklin County Social Services group and the Interagency Council each in their initial stages went through the same processes of self education, growing commitment, then settling into a series of unanswerable questions, as the meetings continued. When the group accepted that there were no simple answers, effective communication began to increase. This is a process which cannot be unduly hurried. To hurry it is to destroy it. The destruction results in decreasing communication to the point that another group has to start all over again. Groups take at least two years to regenerate. No one concerned with Child Development Services here in Vermont believes we can wait two or three years. The conclusion, therefore, is that groups of social service staff from each of the departments represented on the Interagency Council continue to be encouraged to meet locally for the purpose of exchange of information on a regularly scheduled basis. This should happen in addition to continued meetings on the part of the Council. The Council staff can act as linkage between the two.

3. Healthy interdepartmental cooperation and coordination

From a planning point of view, a key concept in terms of breaking through the barriers of bureaucratic overload (administrivia) is that of building mechanisms which prevent distancing. The Council has noted, time

and time again, that at almost any level of administration or coordination of programs or services a distancing mechanism grows. It becomes easier and easier for staffs to distance, to build walls rather than negotiate or confront to solve problems of mutual concern. What seems essential in any multi-disciplinary concern is that any model must contain interdependence of its components which involves decision making, goal setting, implementation and evaluation. When any portion of staff involved with a problem can operate solely independently, distancing can occur. It is important to distinguish between administrative procedures and tangible negotiation. Where distancing can occur, the loser is the client or consumer. Where interdependence is a positive concept to bring about effective problem solving, actual coordination, innovation and communication can increase. The Council concludes that creating mechanisms for effective healthy interdependence is a prime ingredient of a comprehensive plan for child development.

B. Duplication of Services

The second of these areas, duplication of services, is one of continuous concern to the general public, legislators, consumers and administrators alike. Duplications of significant notice include the following:

1. Screening, assessment and diagnostic services
2. Educational programs involving nutrition, parenting, safety, and alcohol and drug education

Finding:

1. Screening and testing are conducted by the Early Periodic Screening Diagnosis and Testing Program, the Child Development Clinic of the Health Department, Developmental Disabilities Testing Program, Mental Health Department, Vocational Rehabilitation and local school districts. In addition, the Department of Corrections maintains testing and diagnostic programs at the Weeks School and at the St. Albans facility. Waterbury State Hospital has testing and diagnostic facilities also.

Discussion:

Questions are raised concerning the possibility of a child being extensively screened, having his/her problems diagnosed and yet never receiving appropriate treatment. Moreover, the issue of confidentiality is often raised on the client's behalf. Many programs utilize their own testing protocol to avoid across the board labeling of clients. The problems involved in screening, testing and diagnostic services might be alleviated if the Council established operating policies to guarantee coordination at the State level. It would, however, be an exercise in futility unless Council members were willing to commit Departmental staffs to agree upon actual mechanics of coordination. The issue of a State maintained dossier of information on clients which has a potential for misuse is a concern to many advocates for children. The goals of information gathering, the objectives for data use and the mechanics for evaluation of diagnosis would have to be clearly defined in a fashion so that the best interests of the client remained paramount.

The ultimate goal of screening, assessment and diagnosis is the implementation of an effective treatment program. While there are in existence many excellent treatment programs in all the main services and education departments, there is a continuing need to coordinate the elements of a client's individual treatment program. This becomes a problem when there are clients with multiple problems. The need is for a mechanism for continuous coordination and review. Efforts towards improving current systems in effect are underway by the Planning Unit of the Agency of Human Services. Cooperation with departments outside the Agency of Human Services is essential also.

Finding:

2. The Departments of Education, Social Rehabilitation Services, Health and Mental Health each maintain educational programs which contribute to the development of skills essential for positive family life.

Discussion:

Literature in the subject of Child Development reveals an increasing emphasis on the importance of teaching skills necessary for productive family living. Often the comparison is made "we insist on more training for a youngster to drive a car than we do to marry and raise a family". Skills in areas such as healthy nutrition, effective financial management, how to raise happy healthy children, how to maintain a healthy marriage, are but a few of the essential skills needed for survival of the family as a unit. From a societal point of view, it is being increasingly recognized that severe problems often develop from unhealthy family situations, where there are insufficient skills present for meeting family needs.

At present there are programs in most areas of Vermont which attempt to upgrade the expertise of these parents who see a need to increase their skills. Also there are six high schools which have course offerings in the areas of child and family development. There is a need to document which agency is conducting programs in which area. This information is necessary to avoid competition within a given region. The intent would not be to stifle offerings, but instead to coordinate state agency efforts interdepartmentally as well as with private and quasi-private local organizations. At a regional level, a particular staff or organization may take the lead. This regional variance is necessary and practical, for it can reflect the skills of locally-based staff and community resources. It is altogether too likely, however, to result in competition and duplication which does not benefit the client the program is designed to reach. To have departments jousting for position is hardly the most desirable model for presentation of a program of effective parenting skills! In terms of a sound investment in prevention of costly problems, therefore, an emphasis on child and family development training stands high in the priorities of the Council.

Alcohol and drug (substance abuse) education is also an area of considerable concern to community leaders, citizens, educational and social service professionals. The increase of alcohol consumption at lower and lower ages is considerable. It is not unusual for school personnel to report drinking by elementary age students. Alcohol consumption in the teen years grows. Again there is regional diversity in severity of and attitudes to alcohol and its use. There is a need

to maintain information exchange on programs, methodology and emphasis within each department's leadership at the state level. VSA Title 16 SS 51-55 gives the Commissioner of Education and the State Board of Education responsibilities for providing alcohol and drug education programs for the public schools and provides for an appropriation for these purposes. A part of this program, The Adelphi Project, recently received significant national recognition and also evidenced inter-agency cooperation.

Another positive effort in integration occurred between the Departments of Education and Health in the design of a recommended set of criteria for school health services.

C. Gaps in Services

Advocates for children and family high quality programs consumers and child development professionals are concerned with gaps in how the state meets its responsibilities to children. This concern is a practical one from both a humanitarian as well as a practical point of view. Where there exists a gap in delivery of service, a child may lose crucial help at an important point in his development. From the practical point of view, this may result in increased need for costly corrective programs. Gaps in services can be categorized as follows:

1. Regional and planning gaps
2. Funding gaps
3. Program philosophy gaps

Finding:

1. An important issue of Regional gaps was expressed in the proceedings from May 1974 Conference on Juvenile Justice and

Child Placement sponsored by the Governor's Committee on Children and Youth. One of the gaps of importance is stated as follows:

> "Resources and facilities for care are often haphazard and uncoordinated. What the child gets is determined by what is available. Long range planning and leadership are needed for the orderly development of resources and facilities based on the kinds needed for a projected case load."

Discussion:

The economic impacts of 1975 have intensified a condition well noted during the past decade. The difficulties of delivering services to children where they live or where access is reasonably possible is one of the important problems of a small state attempting to serve a dispersed population. Those involved in provision of service believe the state has a responsibility to meet children's needs in areas such as health, mental health, education, rehabilitation and welfare.

Similar availability of services in each area of the state is a task which can only be accomplished through inventiveness and cooperation. The question is not whether services are of equal access and quality to all Vermont children, but rather how in these times of shrinking budgets can they be made more so? The GCCY statement urges long-range planning to overcome regional lacks. Emphasis on coordination of planning must continue to be increased. For instance, the planning staff of the Department of Education and the staff of the Agency of Human Services can work in closer communication in the future.

Both Planning Divisions are represented on the State Planning Coordinating Council. Both participate in the A-95 process of Interagency program review of funding requests. There is cooperation between the Central Planning Office and each of the abovementioned agencies. There is a need for upgrading the priority of maintaining interrelationships between Department of Education Planning Division and the AHS Planning Unit. Indications are that both units are willing to intensify their communications, but that there is a need for leadership from the Council to help this to happen. Communications about program information, planning, implementation and evaluation can be increased to bring about effective regional utilization of existing resources.

Finding:

2. Funding gaps largely center in areas where programs must draw on the resources of more than one department. An example of a funding gap is the situation where a Day Care Center requires consultation services regarding a problem child from the local Community Mental Health Agency. Day Care budgets are too constricted by funding schedules to permit consultation charges; and Community Mental Health Agency budgets do not allow for feeless consultation to Day Care Centers.

   Another funding gap can occur when a corrections client goes off probation. Any funding for Special Programs ceases at this point. For a child who is, for instance, having success in a school requiring special tuition payments, the result can be to have to leave the school. Unless the school comes under Special Education guidelines, there are no available funding sources to maintain program continuity.

Discussion:

A distinction must be made between funding gaps and funding levels. It is not the intent of this report to enter into a discussion of funding levels. To identify funding gaps is within the definition of the task of this report. Admittedly solutions guaranteeing closure of these budgetary gaps will require reallocation of some moneys. The problem however, is not simply a money one, but one which involves money and coordination of delivery of services.

Finding:

3. While solutions were not immediate, there was a consensus on the part of Council members that an agreed-upon philosophic base from which departmental goals develop is an existing gap. Philosophy and goals have been developed and agreed upon from the consumer's (child's) point of view. The Council's task is to do the same from an administrative perspective.

D. PROBLEM AREAS

As a portion of its work, the Council collected a listing of problem areas department by department. These problem statements are included. Also ten general categories of problems are listed. The listed problem areas can be divided into the defined problem categories. A frequency chart follows which shows the relative occurrence of the problems as listed by Departments.

1. Program access.

Basically program access includes those problems where a client has a need for a service which does exist but which is not readily accessible to him.

2. Interagency coordination.

While the problems most certainly impact on the client, the problem can be characterized as administrative in function.

3. Alternatives in programs.

Often an alternative program will meet the client's best interests. Often, also, the appropriate alternative is not readily available to the client except at increased cost to the State.

4. Financial coordination.

This is an area where shifts in funding are required to close gaps in delivery of service.

5. Geographic gaps.

Often, as has been mentioned elsewhere, the appropriate program is not always available to the child where he lives. When this renders the program inaccessible to the client, there is a geographical gap.

6. Available personnel.

While program distribution can create gaps, so can personnel distribution. Inadequate staffing can reduce program implementation and availability.

7. Skills for effective parenthood.

The lack of a coordinated educational effort to provide present and future parents with adequate skills for parenthood is costly in terms of impact

on human lives and in the maintenance of expensive social and rehabilitative programs to undo damage to families.

8. Outreach.

Making programs more available to those eligible, can reduce the availability of base-funded programs for current clients.

9. Confidentiality.

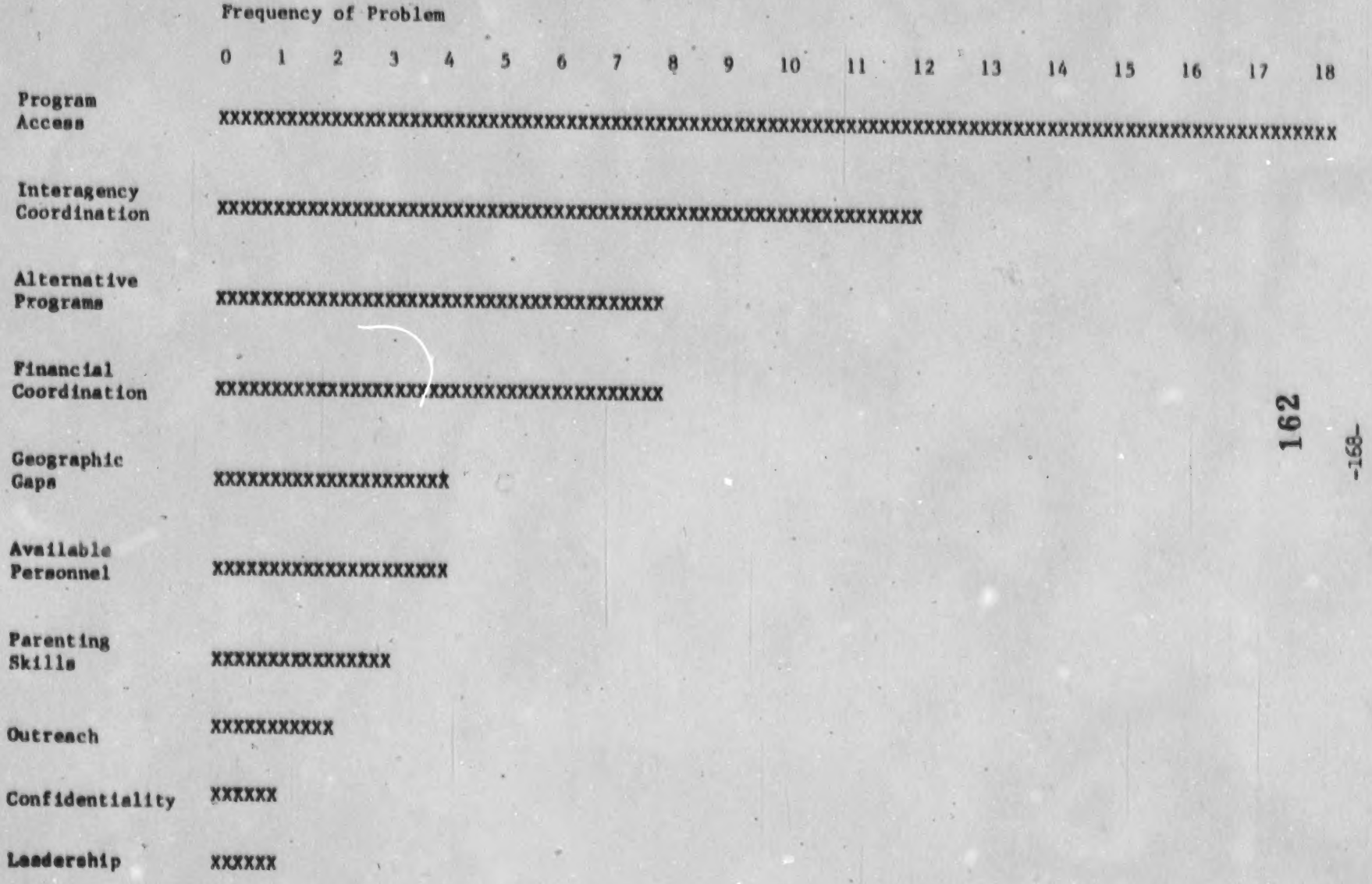
The dilemma between sharing diagnostic information with appropriate departments and programs while protecting the client's rights to confidentiality of information creates a problem area.

10. Leadership.

Uncertainty as to where leadership should originate can create a problem in meeting clients' needs with necessary interdepartmental programming.

The graph on the following page demonstrates that program access is the lead problem identified. This again confirms the statement made in the report from the conference on Juvenile Justice and Child Placement sponsored by the Governor's Committee on Children and Youth, May 1974. "What the child gets is determined by what is available". It is safe to state that this is not only true of children and their access to services but of all Vermont citizens' access to the services available. The task administratively then becomes that of attempting to make less than enough go further than it ever did before. Inventiveness at all staff levels can help, but the need to do reprioritizing beyond the

DISTRIBUTION OF PROBLEM AREAS



scope of children's services is again in the very forefront. The question arises of who should be responsible for the determination of priorities. The only answer, and a partial one at that, is that this determination is going on all the time by virtue of the democratic process. It is hoped that the Council and those children's advocacy groups who are convinced of the need for focus on a sufficient quantity and quality of programs can help move the priorities to where children cna do far better than "What a child gets is determined by what is available". The goal then is to change that statement to "What a child gets is determined by what that child needs".

Problem areas which include Interagency cooperation, alternative programs, financial coordination and leadership are generally administrative in nature. These are problems which fall within the responsibility of administrators to seek solutions. Continued use of Interagency groups such as this Council can effect administrative problem solving. It is clear that sufficient time is required to maintain this important process.

Any assessment of the problems which currently exist in the delivery of services to children also includes an assessment of what the Council can do and what it can urge others to do. Clearly those administrative problems which have been identified are within the Council's responsibility.

Priorities are also determined by many facets of government well beyond the boundaries of the Council. These determinations affect the scope and effectiveness of programs within the Council membership's responsibility. Such priorities can include sources of funding, national, state, local or private; legislative intent; and priorities

established by the executive branch of the State Government.

Creation of a comprehensive plan must include recognition of the above mentioned factors. Planning to be effective is more than increased cooperation and coordination.

E. Review of Work in Terms of Bill 245.

It is useful at this point to go back and examine the actual wording of the bill as the mandate was set forth. The bill states that the Council give special consideration to the following:

1. Encouragement of local communities to provide public and private support for the establishment and maintenance of programs and facilities for child development;
2. Proposals for the establishment of training programs for child development personnel and parent education programs at state and local levels;
3. Evaluation of current and proposed day care licensing requirements, with special emphasis on the appropriateness of such requirements;
4. Review and evaluation of the gathering and disseminating of information on child development needs and resources;
5. Development of a plan for the redistribution of resources and services where necessary;
6. Approval of demonstration projects which may include:
   a. The use of headstart programs and personnel to strengthen child development programs;

b. Systems of local coordination of child development services;

c. Alternative methods of licensing and approval for child development facilities;

d. Further use of satellite systems of child care;

e. Placement of screening and referral services in child care centers;

f. Reimbursement methods for child development programs based on the cost of programs; and

g. Such other programs as may result in more efficient or effective delivery of comprehensive child development programs.

In agreeing to focus on Early Childhood Development during the next time span of the Council's work, the Council is also agreeing to consider specifically those areas involving day care licensing (#3): headstart use (#6-f); licensing (#6-c); satellite systems (#6-d); and reimbursement methods (#6-f). The addition of the Director of the Office of Child Development to the Council will facilitate work on these specific areas.

Encouragement of local communities (#1); review of information (#4); support of coordination of systems (#6-b) have developed as a facet of the Executive Secretary's role.

Development of a plan for the redistribution of resources (#5) has been addressed by the Council, but no consensus has been possible in the amount of time the Council has had to devote to this issue. Moreover, this very redistribution is taking place as the Budget for 1976 is being prepared by the Legislature.

In conclusion, there are two basic positions from which the Council can look at its task.

1. To determine that which it can change from that which it cannot.
2. To focus on Early Childhood Development questions outlined in the bill.

At this point, the Council is progressing from the first position to the second one.

In January 1975, members of the Council responded to a survey designed to determine the areas of future focus. The areas selected included the following:

1. Day Care
2. Early Childhood
3. Multiproblem Children
4. Multiproblem Families
5. Relationship Between AHS Departments and Department of Education
6. Interdependent Relationships Between Departments
7. Regionalization
8. Problems of Providers of Children's Services
9. Problems of Consumers of Children's Services
10. One-Stop Shopping
11. Economic Impacts on Children's Programs
12. Parenting Skills

Results of the survey were as follows: In rank order of preferance, the Council chose Early Childhood first, followed by Day Care; Relationship between the Agency of Human Services Departments and the

Department of Education; Parenting; and Regionalization. It is the intent of the Council to begin its work in the broad area of Early Childhood shortly. The remaining four high priority items will undoubtedly be part of the study. There is doubt, however, that the Council can do justice to the task by June 30. It is for this reason that the Council should continue to meet. Indications are that funding to continue the services of the Executive Secretary from the New England Program for Teacher Education can be secured. The New England Program for Teacher Education (NEPTE) was the major source of funding for the staffing position thus far. They have indicated interest in seeing the Council and the project continue for another year.

It is important to point out that neither the Council nor NEPTE view the life of the Council as limitless. As soon as the task is completed the Council should terminate itself and its staffing: the task at this point is not yet completed.

PROBLEM STATEMENTS : CORRECTIONS

1. Corrections does not fit clearly into either Criminal Justice or Human Services but is partly in both camps.

   Correctional programs for youth are forced into satisfying dual expectations. The expectations of the Criminal Justice System are necessarily different in many aspects from those of the Human Services Agency. When the requirements of society for containment come in conflict with the needs of the client for services, it becomes difficult to deliver consistent services within a clear philosophic base.

2. Parallel structures to institutional programs are costly.

   Creating parallel structures which are viable alternatives to institutionalization can be costly. If the costs of parallel structures as alternatives are added up realistically to include all elements of diagnosis, supervision, care and housing, and education, they can be very expensive. Federal funding is only a temporary solution to this problem. In addition, it may become difficult in the long run to find sufficient staff for such programs.

   Hence, it would be simplistic thinking to assume that localized alternatives to institutionalization are necessarily cheaper. Providing duplicate services in each region of the state has advantages in meeting client needs, but is not necessarily the least costly or most efficient.

The full implications of de-institutionalization and regionalization of services need to be explored further.

3. There is a need for better diagnosis and treatment of Corrections clients who have developmental disabilities.

Correctional clients often suffer from developmental disabilities, as well as other problems. Limited diagnosis is available through the Turrell Evaluation Center, but at times more sophisticated evaluation is needed which is expensive and difficult to obtain. Treatment is obtained through purchase of service, but availability and cost present problems in this area as well.

4. There is a gap between committed children's educational needs and delivery of services to meet these needs.

Children who are committed to the Department of Corrections generally have educational needs which require programs, instruction and personnel not generally available in local school systems. Many of these clients have already experienced failure within their local schools: often their school attendance has been lacking or erratic. Schools are understandably unwilling to handle extremely disruptive students within their regular program. There is a need for special education programs for the adolescent on probation or aftercare whether he is at home, or placed in a group home or other alternative facility. Funding to meet the educational needs of such children is difficult to maintain even where suitable programs exist. Fortunately the Governor's Commission on the Administration of Justice sees this need as an important component of both

diversion and prevention programs. Through locally based Youth Service Bureaus, a variety of programs have been started with funding from the Governor's Justice Commission. Future funding, however, will depend on the willingness of the community being served to absorb the cost, which they have been unable or unwilling to do in the past.

5. <u>There is a gap between the expectations of Corrections Department personnel about what previous actions should have taken place through other departments and agencies and what actually was done for a client before he is committed to the Commissioner of Corrections or placed at Weeks as a CINS.</u>

Putting aside the natural tendency to criticize the failures of other case workers, this problem suggests the need for constructive case review to avoid repeating errors. Interdepartmental case review at both the local and state level could pinpoint where existing prevention and diversion programs were not utilized or were under-utilized in serving clients.

6. <u>Community based operations which involve Corrections Department clients often have difficulty coordinating efforts.</u>

Despite the existence of coordination mechanisms, state agencies often run into problems of coordination with mutual clients. This problem is multiplied for community based programs, which operate with a minimum of administrative structure.

7. <u>There is a gap between the expectations for quality services and funding to provide them.</u>

Like other human service departments, Corrections is caught between the expectations of clients and the concerned public for quality services, and the availability of funds to provide them. A relatively small proportion of the Corrections budget is from federal sources, and to some extent the perception of corrections as having a basically custodial role interferes with obtaining appropriate funding levels.

PROBLEM AREAS : EDUCATION

1. The transporting of students to Vocational Education Centers is a problem in some towns.

   At present, the law reads that "towns may transport students" not "towns shall transport students." The result can be that students in some areas must supply their own transportation in order to attend Vocational Educational Centers.

2. Attitudes toward Vocational-Technical Education tend to change slowly.

   There has been an attitude expressed in the past that vocational education is somehow of less quality than the more academic program. It is important that this attitude change so the role of vocational-technical education in our technological society can be clearly seen. In the pluralistic society of the 1970's, a wide range of educational opportunities must be not only available but valued.

3. The General Education Diploma (GED) is not always treated as equal to a High School Diploma.

   The variance in attitudes towards the GED Diploma can raise false hopes for those recipients whose motivation has been to equalize their opportunities. Community stereotypes and biases are slow to change, but leadership within the educational community can help effect the necessary attitudinal changes.

4. 125,000 Vermonters over 19 years old do not have a High School Diploma.

   Twenty-five per cent of the total State population, or 50% of the population of Vermonters over age 19 do not have a High School Diploma. Increasing emphasis has been placed on providing as many alternative routes for a Vermont citizen to achieve high school equivalency.

Evening classes, ETV courses, and home study programs have been offered in the past year.

5. 20,000 children fall into the substantially handicapped group: Another 20,000 fall in the educationally disadvantaged category.

   By June 1976 approximately 7,500 pupils requiring special education (37%) will be receiving special programs. 26% of 8,500 students with learning and behavioral handicaps will be served.

6. One-half of children who are five years old get no kindergarten or home-based alternative.

   With increasing emphasis on the value of early childhood education, the lack of kindergarten or home-based alternatives becomes more and more crucial. There is a gap between the programs needs children have in order to achieve maximum potential and what is actually available in many areas of the State.

7. Early diagnosis and treatment of health-related problems of children in rural areas is difficult to obtain.

   Personnel at local schools and day care facilities are key people in identifying health-related problems. While this is not always seen as a high priority by local districts, a school nurse can be essential to implementing the right treatment for a child at the earliest opportunity.

8. There are more children than there are service slots to meet their needs.

   The result is that too often what a child gets is determined by what is available in the immediate region where he lives. The concept of equal opportunity is therefore diluted.

9. There are 417 schools: 9 one-room schools: 10 two-room schools: 279 school districts, each with an elected school board: 56 superintendents, some of whom answer to as many as 15 local school boards. The superintendent's impact on the classroom, therefore, is limited.

10. Once a child becomes wheel chair bound from a progressive disease such as multiple sclerosis, the physical restrictions of the school building often mean the child stops attending school. From the child's viewpoint, his environment becomes narrower and narrower in scope. The impact will not only be on his personality but also on the entire family of which he is a member.

11. There is a need to coordinate policies/procedures and plans for programs which involve both Agency of Human Services Departments and the Department of Education at the earliest optimal stages. The A-95 process helps coordination, but there is a need to begin the coordinative process at an even earlier date.

PROBLEM AREAS - DEPARTMENT OF HEALTH

1. There is an ever increasing demand for both specialized and comprehensive health care services. Those children who are covered by Medicaid and those children who are covered by adequate third party out-patient insurance have basic funding opportunities for health care. There is, however, a great need in terms of availability and accessibility of these services.
2. For those families who are in the group which falls between eligibility for Medicaid and those with adequate third party insurance there is need for even the most basic types of health care. Accessibility to and funding for these services is a role which should be shared by many human services departments and agencies.
3. Screening services for young children particularly are the responsibility of several departments. For instance, the Department of Education is responsible for visual and auditory screening; the Department of Health is responsible for general health supervision. Special conditions such as developmental disabilities, learning disabilities and physical problems are screened for by a variety of public and private agencies. Linkage and coordination are best carried out by the school

nurse or public health nurse. Without staff whose responsibility it is to perform these coordination functions, service deteriorates to the disadvantage of the client. Moreover, administrative overlap can more easily become a problem.

4. A patient with ongoing medical problems, whose educational needs are specialized and whose vocational needs require particularized placement has difficulties acquiring coordinated services despite availability of counseling, testing and placement programs. Again, the difficulties of the multi-problem client point up the need for coordination both regionally and at the state level.

5. Increased collaboration between E.P.S.D.T. providers, Department of Health staff and Department of Social Welfare staff would result in greater impact and more positive results for patients served.

6. Federal guidelines create a situation where follow-up is almost impossible when a patient has a combination of social and health problems; continuity generally is sacrificed to Federal or Departmental guidelines.

7. Meeting eligibility and reimbursement requirements are generally most easily met when a child is institutionalized. Often alternative placement utilizing community facilities would serve the patient's medical needs as well or better. Unfortunately, reimbursement then becomes very difficult or impossible. This can mean that either expensive hospitalization or no service at all becomes the choice.

8. The Department of Health, as well as many other state offices, cannot hire handicapped because of plant limitations (no ramps, elevators).

9. Economic pressures on the whole range of social services puts a particular kind of pressure on those whose responsibility it is to provide medical diagnosis and treatment for medical problems which some children have. Withholding care denies a child's basic right to equal opportunities and demands a potential state investment in other services (welfare, corrections, etc.).

Providing long term medical treatment can be a lengthy and costly responsibility. Yet, health care must be provided as a priority area of concern.

PROBLEM AREAS - MENTAL HEALTH

1. National HEW statistics state that 14-17% of school age children are in need of intensive mental health treatment. In Vermont, 14% would be approximately 15,000 children; 3,000 children are reported as admissions by Local Mental Health Agencies.
2. Alternative longtime placement for severely mentally retarded young children is difficult to arrange. Respite care other than at Brandon Training School is not readily available.
3. Ensuring continuity of care when committed children leave an institutional setting has been uneven. The local community Mental Health Agencies have lacked sufficient resources to meet many client's needs.
4. Parenting skills are a real need of many parents in Vermont. Should Community Mental Health agencies provide this service to meet the needs for increased skills?
5. Alternative placement for children eligible for Brandon Training School becomes difficult to provide when not only are these group home standards to be maintained at a quality level, but when educational opportunities must also be provided.
6. Linkages with the Department of Education and with SRS become difficult when the issue of whose funds provide which service arises. Then, the quality of service tends to decrease.

PROBLEM AREAS - SOCIAL REHABILITATION SERVICES

DIVISION FOR THE BLIND

1. There is need in the preventive service end of the division to do more in the area of training and education of children and adults concerning the causes of blindness. There is also a felt need for more personnel to increase the delivery of services in this division.
2. At first glance, there appears to be a duplication of functions between this division and the Vocational Rehabilitation Division in the area of providing pre-vocational counseling to students, however, this does not occur since these two divisions have a mutual agreement of transferring the client to whatever division is in the best position to provide the client with optimum services following careful study of the client's needs.
3. The private sector's role of providing services should be more clearly defined.

VOCATIONAL REHABILITATION

There exists a recognized need to develop job placement opportunities for the handicapped individual beyond the current service provided by the State Employment Service and the work of the field counselor. It is also estimated that only 25 % to 30% of the total need for VR services are being met because of lack of funds and staff thereby causing another gap in services. "Three Quarter Way" or other structured supportive living situations are not readily available for the retarded and others after job placement has been accomplished.

The appropriate mental health clinic should pick up the discharged vocational rehabilitation client for follow-up services when needed. Efforts toward attaining this process are ongoing between the Departments of Mental Health and SRS.

Because of third party arrangements, SRS loses flexibility in meeting prioritized needs. An example of this is the dependency on present in-kind matching to make up the state's 20% required to qualify for the $2 million available under the Vocational Rehabilitation Act. This tends to constrain programs and diminishes delivery of services designed to meet specific client needs. VR also tends to diminish the state's effort in allocation of appropriated, spendable funds.

SOCIAL SERVICES

There are gaps in the delivery of services to children as follows:

A. Social Services Division

1. In the protective cases when the health and welfare of the child is not endangered to the point that he/she must be removed from the home and committed, there is a limit as to what can be done to help financially. The division has an insufficient appropriation to meet these needs. The guidelines for delivery of service in these instances where commitment is not essential are unclear.
2. There is a need to expand training for foster parents and to increase the board rate as an incentive for additional regular foster homes. There is a lack of sufficient funds to finance new group homes and specialized foster homes necessary to avoid use of institutions.

3. Vermont's General Assistance Program prohibits spending money for persons under 18 thereby reducing emergency services to a vulnerable population and placing demands on child services that the Division is not funded to meet.

4. There is a need for more administrative and professional staff to adequately administer and deliver required services including child abuse workers, adoption workers, field supervisors and a trainer.

5. There is a lack of education programs to help teenagers become "caring", responsible parents, and to help parents improve their parenting skills.

6. The division is not able to purchase psychiatric or psychological consultation services for each district office to assist them in developing and carrying out service plans for individual clients.

7. It is felt that voluntary care should be extended beyond the current one year statutory limit. Extension would provide care at earlier stages, thereby avoiding later more costly intervention.

B. Alcohol and Drug Abuse Division

1. At the present time there are five Drug Educational Regional Coordinators who provide educational information on Drug abuse. As of September 30, 1974, these positions will become vacant, thereby creating a gap in this service.

2. An insufficient amount of work is being done in group therapy.

3. The division is not providing enough alcohol treatment for the 14-18 year old.

4. There is a gap existing in the area of employment particularly for the drug abusers, but also for the alcohol drug abusers. There is a need for some work to be done in this area but the task should be accomplished by the State Employment Service.

5. Presently there are no women employed as alcohol counselors. This is not consistent with evidence that there is an increasing female population having problems with alcohol.

6. It appears that job hunting for drug abusers is overlapping a service that is partially done by the State Employment Service. It also seems that this Division may overlap its functions with Mental Health with the Driving While Under the Influence (DWI) population since AD&D counselors may possibly be working with the same clients.

SRS, Division of Social Services, is responsible for administering 4-A Day Care and WIN funds. This division determines eligibility of parents and assists them in locating appropriate day care facilities. The Office of Child Development is charged with licensure of day care facilities of all types. The current philosophy is that separation of these functions provides for more specific accountability. The average length of time to go through this procedure is about a week.

From the SRS point of view, subsidized Day Care is a primary service to the parent. Under 10% of available services are provided for the "At Risk" child. The problem is one of insufficient funding for delivery of day care services to children in a high risk situation.

DEPARTMENT OF SOCIAL WELFARE

Problems

Aid to Needy Families with Children (ANFC)

1. The State established standard for meeting basic needs of a family of four excluding rent payments is $279.00 per month. Presently this is funded at 90%. This forces the family to chop 10% from all fixed costs. The result is the family having to shave from its food budget. The implications for children are far reaching, and begin with depleting a marginal situation nutritionally. Clothing, developmental needs, and basic household equipment are in even shorter supply. This can affect children's development in ways which run counter to the theory that early prevention of difficulty is a worthwhile investment for the State to make. For instance, poverty conditions are associated with clinically observable types of mental retardation.

2. Some ANFC families are not getting all available programs such as Food Stamps or WIC (Women, Infants & Children's Food Program - Department of Health). Ensuring maximum usage of available programs is difficult to guarantee. The stigma of availing oneself of Department of Social Welfare Programs in some cases inhibits people from taking advantage of offered services. The impact on children from allowing this stigma to be maintained as a part of the public's attitude is obvious and counter productive.

3. Aggressive outreach on the part of the Department of Social Welfare can have an inverse impact. Where funds are limited, effective outreach reduces amounts of services available for

present clients.

Medicaid

1. There is $8 million in Medicaid in Vermont. $2.50 out of every $3.00 are spent for aged, blind and disabled but not for families. Moreover the money goes to the provider but not to the poor. The impact is that providers' standards of payment are made at a significantly low level. The positive impact on children is necessarily diluted resulting in less quality and quantity of services for children.

EPSDT

1. There are gaps and overlaps between EPSDT, educational and other health screening programs.
2. The issue of client confidentiality inhibits thorough coordination of EPSDT results with other health educational and social service agencies.
3. Geographic gaps in EPSDT coverage creates an unequal situation for children. Providers are not geographically distributed evenly, causing problems in outreach in a program dependent on local providers. This results in children with high indication of unmet needs remaining with a high incidence of unmet needs.

CHAPTER IV

RECOMMENDATIONS

1. Recommendations:

That the Council continue its work by considering the problem areas it has identified. (See Chapter III)

Discussion:

The problem areas have been categorized as:

a. Program access
b. Interagency cooperation
c. Alternative programs
d. Financial coordination
e. Geographic gaps
f. Personnel requirements
g. Parenting skills
h. Outreach
i. Confidentiality
j. Leadership

All these areas contain problems whose solutions lie in increased cooperation. The Council membership cannot solve each problem by discussion. It can, however, direct others to devise solutions through task oriented, time-limited groups. These groups can be drawn from department personnel responsible to members of the Council. The Council can assume the role of leadership by creating groups whose mandate is to devise mechanisms for solutions to delivery of services.

2. Recommendation:

That those Council members who are involved in providing education for parenthood be responsible for producing guidelines and a timeline for a parenting project to be implemented as an Interagency effort.

Discussion:

The need for parenting skills is a need which links and loops in and out of many social service agencies. Identification of the goals and objectives of a project to meet this agreed upon need would prevent the proliferation of efforts whose optimal effect would be scattered.

3. Recommendation:

That the Council continue to encourage regional efforts toward coordination of services.

Discussion:

Regional efforts are at the core of any improvement in delivery of services. There are many forms of encouragement appropriate for regional groups. Recognition of the necessity for regional groups to set goals and to work toward these goals would upgrade these priorities generally given to such efforts.

4. Recommendation:

That the Council direct members of Departmental planning services, to become increasingly familiar with other Departments' priorities.

Discussion:

Planning groups give evidence of increased interagency coordination. Largely, Council direction to increase this coordination at earlier and earlier stages of planning processes would help prevent future delivery of service difficulties and upgrade staff priorities

of becoming familiar with what programs other departments are implementing.

5. Recommendation:

That the Council accept the leadership responsibility to serve as a model of interagency cooperation.

Discussion:

By demonstrating a norm of cooperation, negotiation and mutual interdependence, the Council will be better able to demand this norm of behavior from others.

6. Recommendation:

That the Council continue to work to arrive at a philosophic and practical base for the delivery of children's programs.

Discussion:

Most symposia, reports and meetings which center around issues of delivery of children's services abut against issues of philosophic commitment. The Council cannot go beyond establishing priorities of an administrative nature until it reaches consensus on just where the boundaries do lie as regards the State's responsibilities to its children. Until this base is established, most programmatic efforts will be effective in a limited context.

7. Recommendation:

That the Council continue its search for and implementation of models of healthy interagency interdependence.

Discussion:

Gaps and overlaps occur where department and agencies can maintain distance from each other. This is particularly so where formalized interaction does not take place. The Council must consider itself as crucial in maintaining continuous communication between departments who would traditionally isolate themselves from each other rather than risk confrontation.

8. Recommendation:

That the Council assume as its next task the subject of Early Childhood Development.

Discussion:

The Council has reached general consensus on what the next stages of its task should be. The decision to focus on early childhood development includes consideration of issues involving Day Care, the relationship between the Department of Education and Agency of Human Services, parenting skills programs, and regionalization of services.

Publication of the Education Department's position paper on Early Childhood Education will enhance the Council's subject matter choice. Development of Early Childhood programs is an area where solid planning with a philosophic base can result in a realistic coordinated program effort with effective service delivery.

It is important that the arena of Early Childhood Development must be defined into manageable concepts by the Council if it is to achieve realistic goals. The Council intends to deal at specific levels with issues within the generalized arena of Early Childhood

Development. The only way the Council can meet its globally defined task is to reduce this task to manageable problem - solving issues.

The Council's decision to focus on early childhood confirms the wisdom of the theory behind the formation of the Council. Those proponents of the Interagency Council concept proposed that Department Commissioner, Division Directors and the Secretary of the Agency of Human Services create the actual plan they would be charged with implementing.

The proponents of the Council's formation believed that focusing on Early Childhood would be a productive undertaking, but that the Council had to arrive at this decision independently from its own interpretation of facts as well as through its own process of organization and task orientation.

9. Recommendation:

That the Director of the Office of Child Development be included in the membership of the Council.

Discussion:

Effective focusing on Early Childhood issues would require the input and expertise of the Director of OCD. Planning which includes realistic accountability is feasible when those offices with early childhood program components are included.

10. Recommendation:

That the composition of the Council membership remain as it is currently composed with the addition of the Director of the Office of Child Development.

Discussion:

In order for the Council to keep its planning focus, it is im-

portant to maintain the present level of Council membership. Plans for Council work during the coming year include utilization of Departmental staff resources at the sub-committee level. Also the resources of private organizations and advocacy proponents can be used at the sub-committee level. It is hoped that creation of a system of task oriented sub-committees will make maximum use of professionals and consumers of early childhood services.

11. Recommendation:

That the current staffing of the Executive Secretary to the Council be extended until June 30, 1976.

Discussion:

If the Council continues its work according to agreed upon lines, continuity in staffing would contribute to its effectiveness. Indications are that future funding from the New England Program for Teacher Education is forthcoming for employment of an Executive Secretary.

12. Recommendation:

That the Interagency Council continue to work until June 30, 1976.

Discussion:

Bill 245 does not specify the length of the Council's life. The Council and its staff are in agreement that the work which has been undertaken thus far can best be capitalized upon through continuation.

In summary, the Council has made a substantial beginning on its assigned task. It has collected a base of data. There is a need to continue adding to its collection. There has been considerable evidence of an increase in positive interagency coordination; there is still a

need to maintain and build on this established cooperative base. Continuing to collect data and to develop cooperating mechanisms are the cornerstones for a realistic master plan. A master plan which has as its initial focus early childhood would realize the Council's goal, the intent of the Legislature and result in the increase of quality in service delivery to Vermont children.

APPENDIX

1. Maps of Agency, Department and Division Geographic boundaries.
2. Bill 245.

1. MAPS OF HUMAN SERVICE DISTRICTS, REGIONAL OFFICES, AND SCHOOL DISTRICTS

a) Administrative Districts

b) Corrections: Probation and Parole Districts

c) Corrections: Community Correctional Centers

d) Health: Area-wide Health Planning Agencies

e) Health: Home Health Agencies

f) Mental Health: Community Mental Health Services

g) Social and Rehabilitation Services: Social Services Districts

h) Social and Rehabilitation Services: Vocational Rehabilitation Districts

i) Social and Rehabilitative Services: Alcohol Rehabilitation Districts

j) Social and Rehabilitation Services: Drug Treatment Services

k) Social and Rehabilitation Services: Division of Services for the Blind and Visually Handicapped

l) Social Welfare: District Offices

m) Office of Economic Opportunity: Community Action Agencies

n) Office of Manpower: Regional Planning and Service Boards

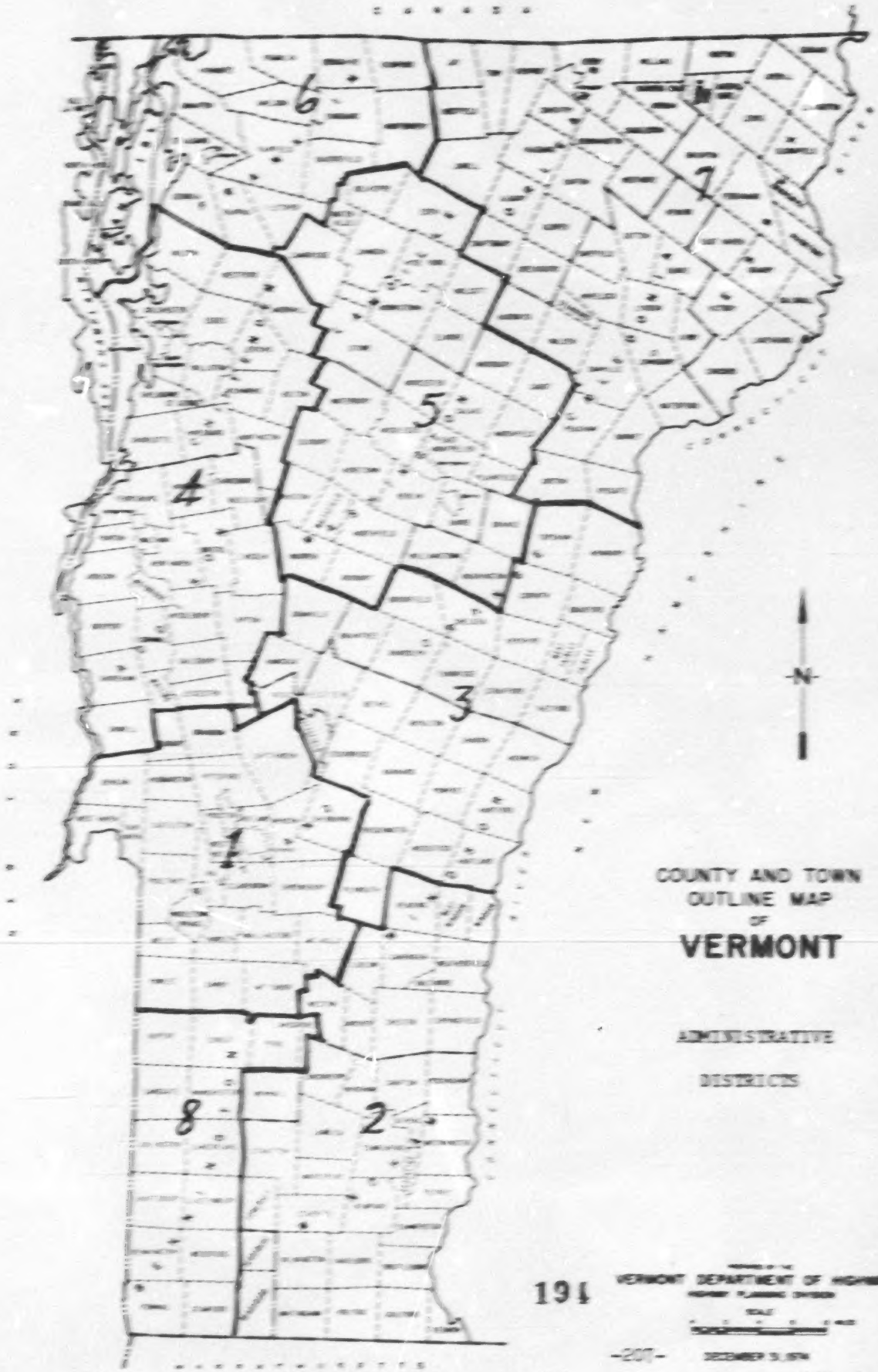
o) Office of Child Development: Licensing Districts

p) Education: School districts

q) Education: Supervisory unions

r) Education: Principals' Regional Divisions

s) Education: Area Vocational centers

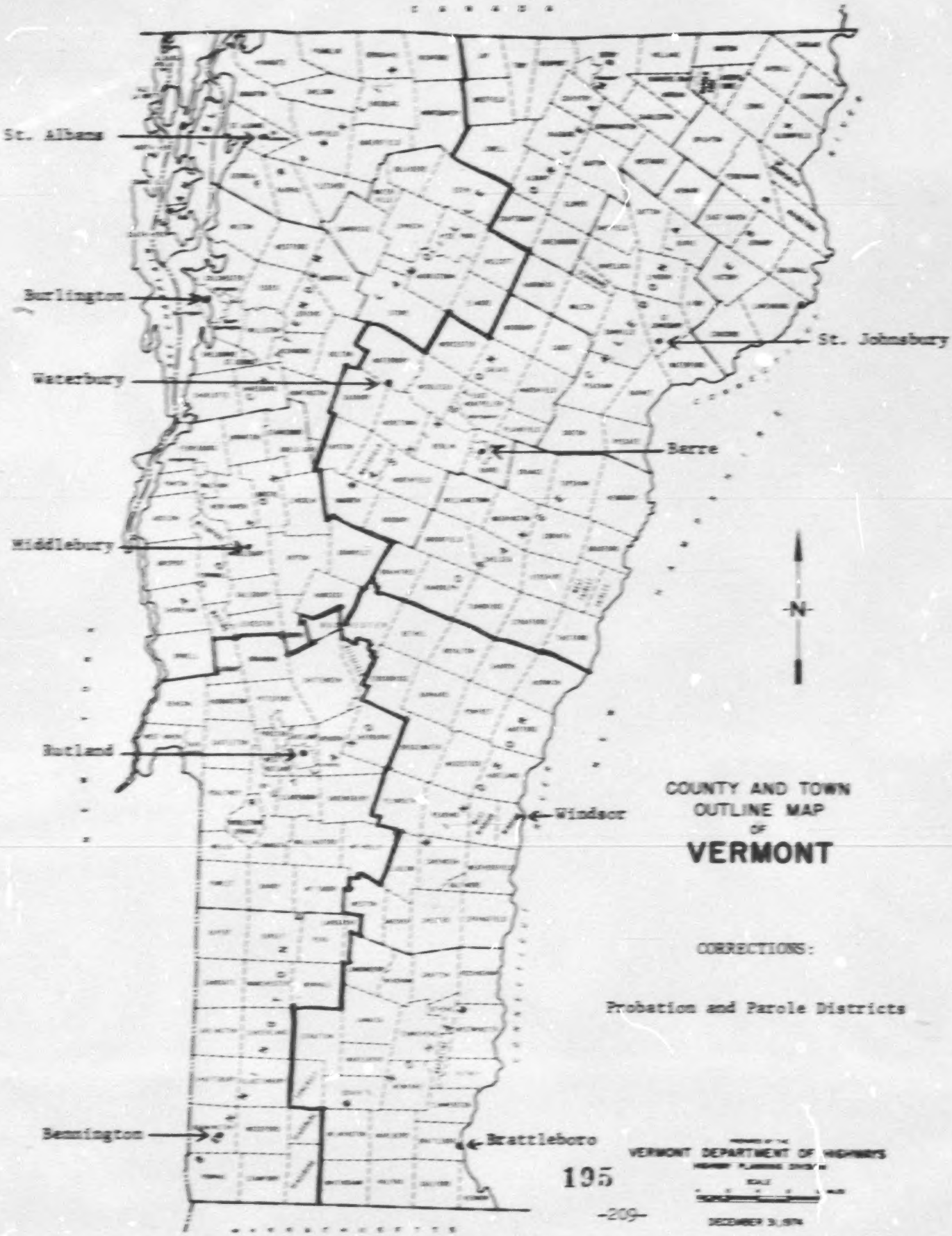


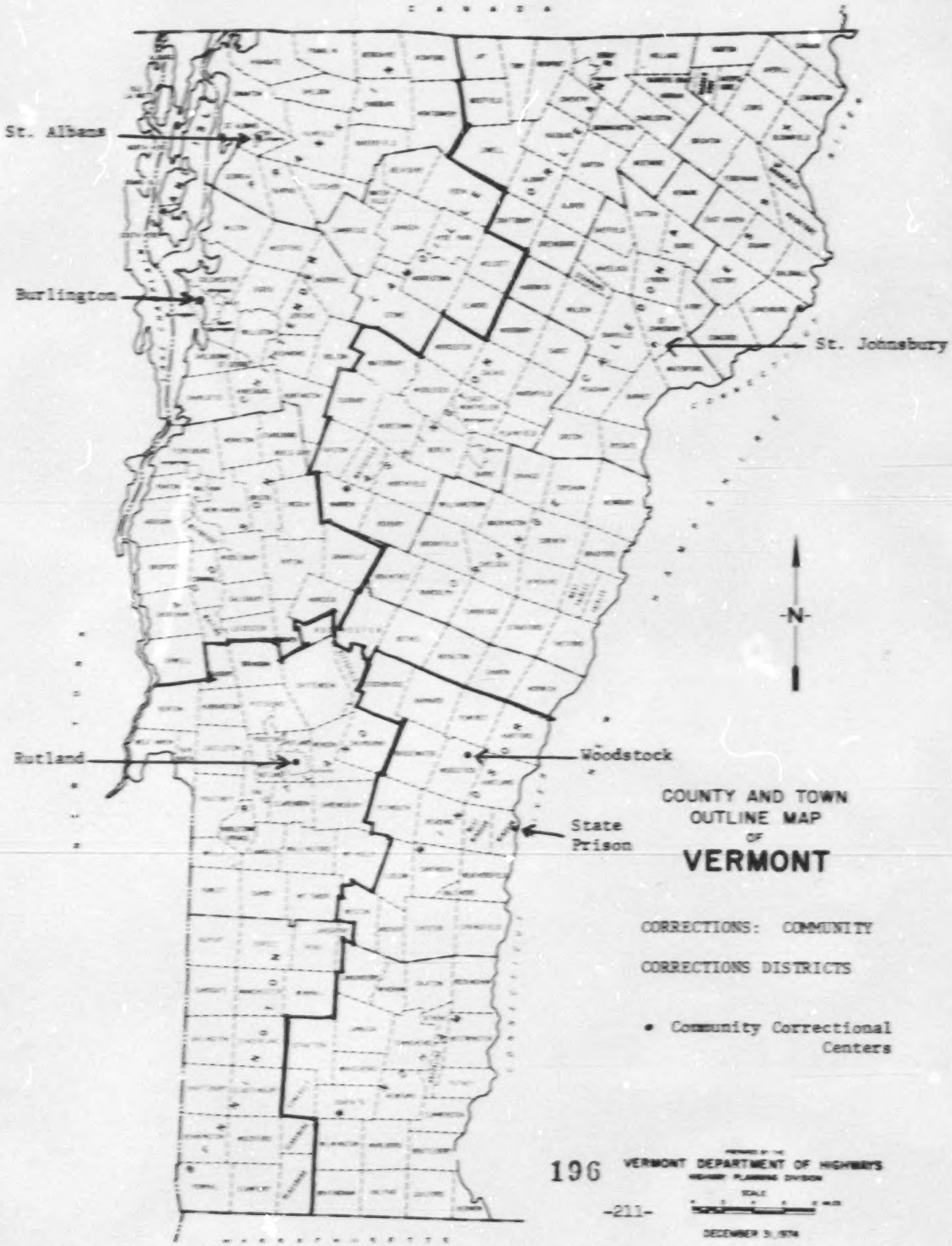
COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT

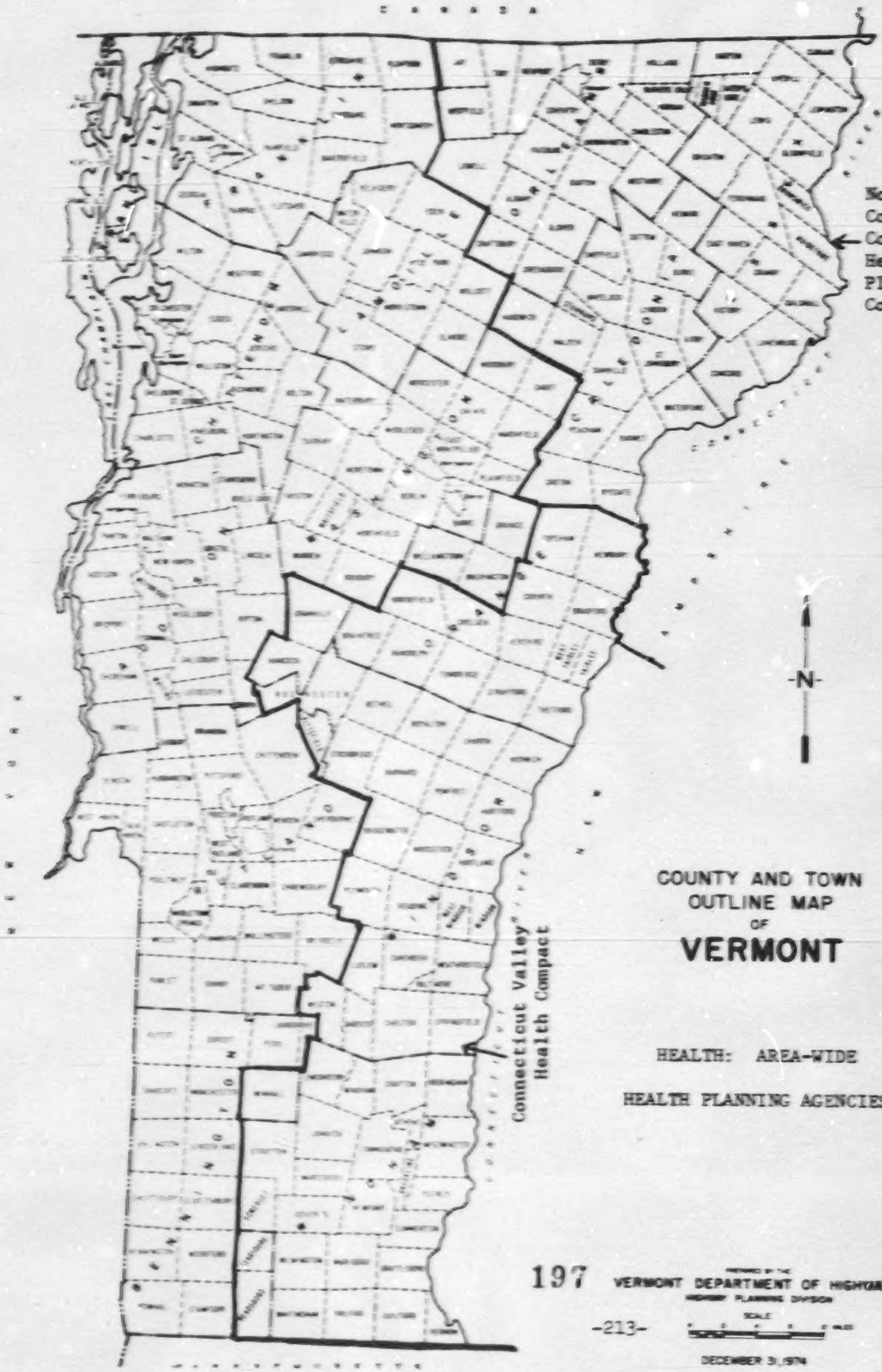
ADMINISTRATIVE

DISTRICTS

VERMONT DEPARTMENT OF HIGHWAYS


St. Albans
Burlington
Waterbury
Middlebury
Rutland
Bennington
St. Johnsbury
Barre
Windsor
Brattleboro
N
COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT
CORRECTIONS:
Probation and Parole Districts
VERMONT DEPARTMENT OF HIGHWAYS
DECEMBER 31,1974


St. Albans
Burlington
St. Johnsbury
Rutland
Woodstock
State Prison
N
COUNTY AND TOWN OUTLINE MAP OF VERMONT
CORRECTIONS: COMMUNITY CORRECTIONS DISTRICTS
• Community Correctional Centers
196
VERMONT DEPARTMENT OF HIGHWAYS
-211-
DECEMBER 31, 1974



COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT

HEALTH: AREA-WIDE

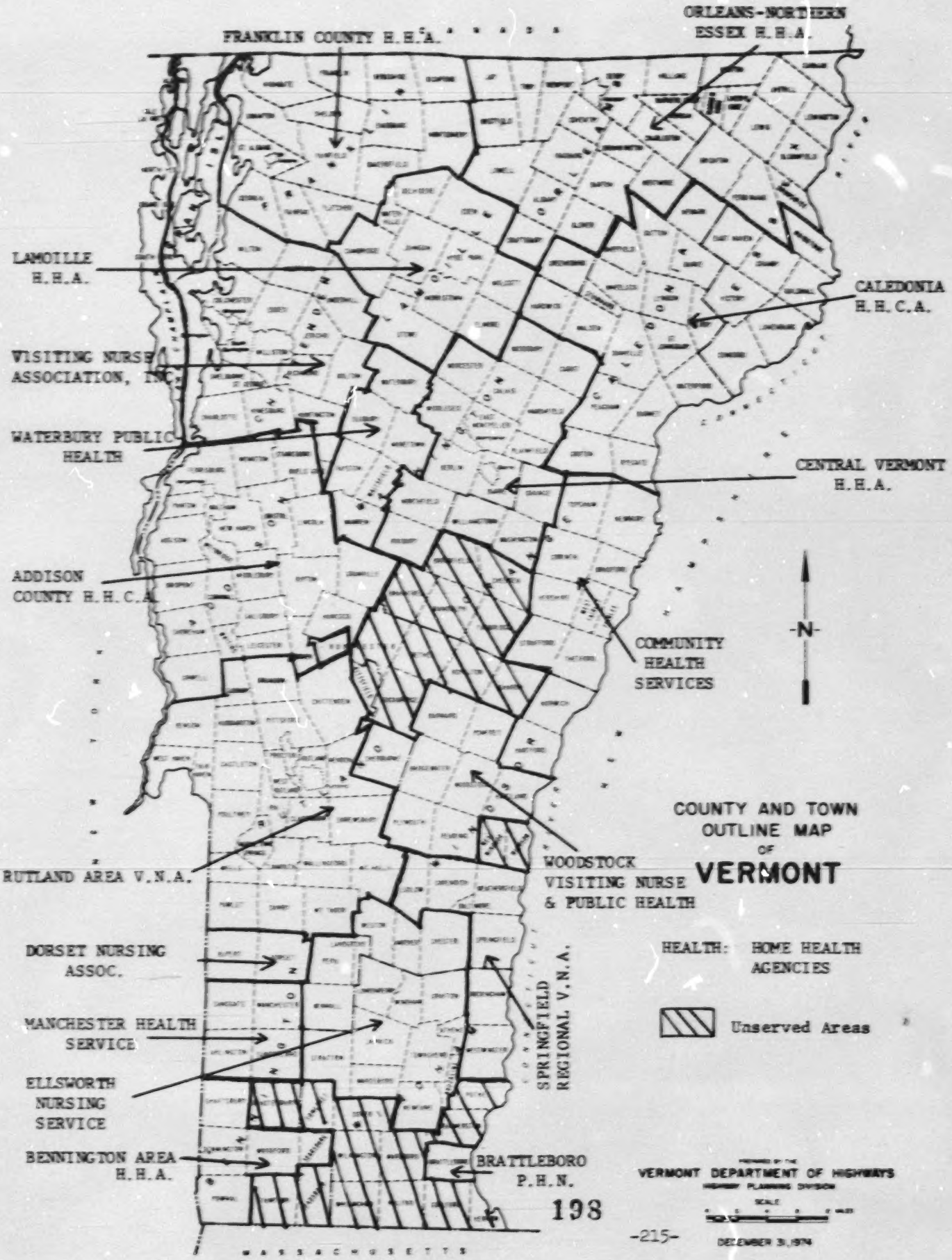
HEALTH PLANNING AGENCIES

197

PREPARED BY THE
VERMONT DEPARTMENT OF HIGHWAYS
HIGHWAY PLANNING DIVISION

SCALE

DECEMBER 31, 1974


FRANKLIN COUNTY H.H.A.
ORLEANS-NORTHERN ESSEX H.H.A.
LAMOILLE H.H.A.
CALEDONIA H.H.C.A.
VISITING NURSE ASSOCIATION, INC.
WATERBURY PUBLIC HEALTH
CENTRAL VERMONT H.H.A.
ADDISON COUNTY H.H.C.A.
COMMUNITY HEALTH SERVICES
N
COUNTY AND TOWN OUTLINE MAP OF VERMONT
RUTLAND AREA V.N.A.
WOODSTOCK VISITING NURSE & PUBLIC HEALTH
DORSET NURSING ASSOC.
HEALTH: HOME HEALTH AGENCIES
MANCHESTER HEALTH SERVICE
Unserved Areas
ELLSWORTH NURSING SERVICE
SPRINGFIELD REGIONAL V.N.A.
BENNINGTON AREA H.H.A.
BRATTLEBORO P.H.N.
VERMONT DEPARTMENT OF HIGHWAYS
DECEMBER 31, 1974
MASSACHUSETTS

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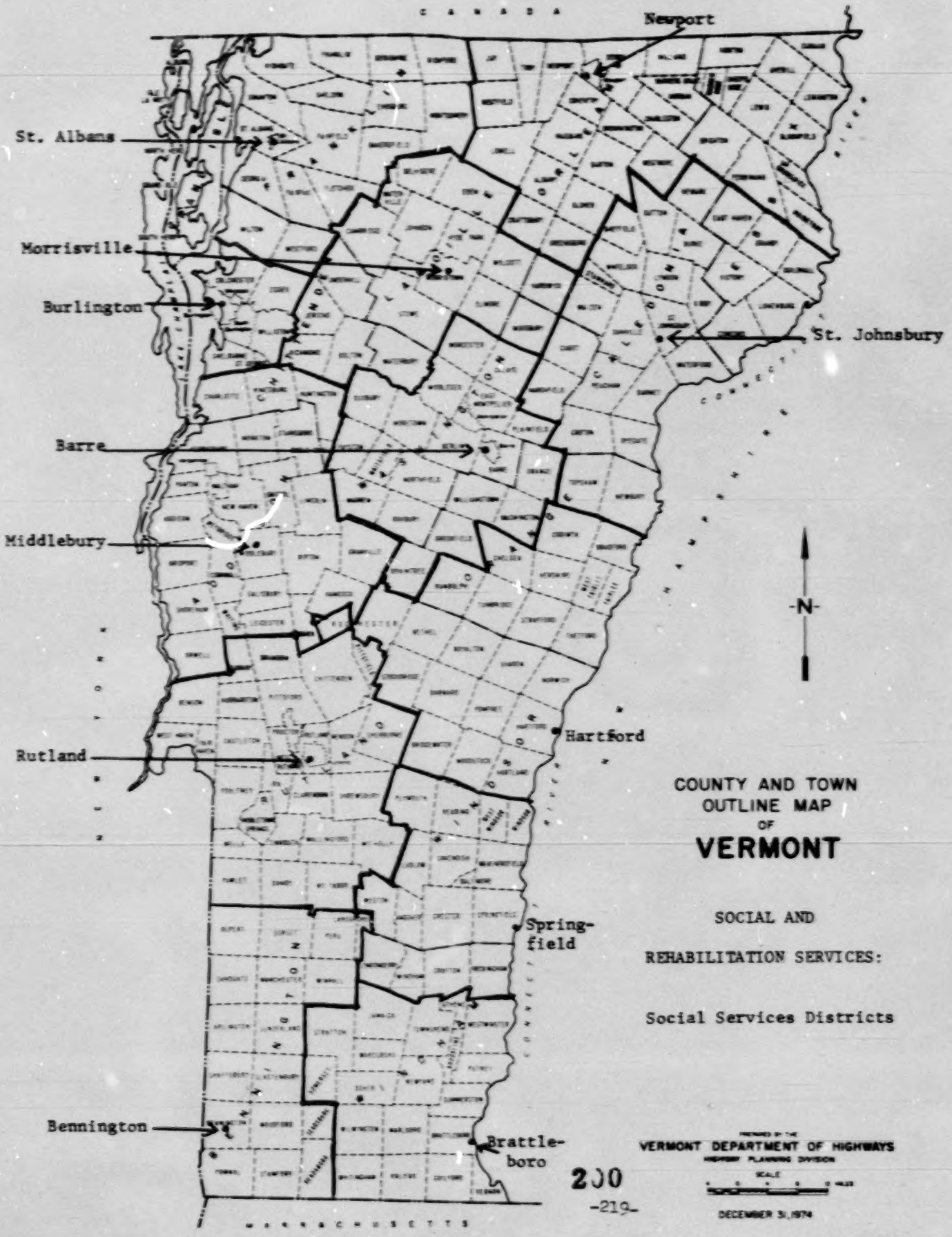
CANADA
Newport
FRANKLIN-NORTH
GRAND ISLE
St. Albans
NORTHEAST
KINGDOM
LAMOILLE
Morrisville
Burlington
CHITTENDEN
WASHINGTON
Montpelier
ADDISON
Middlebury
ORANGE
Randolph
-N-
WINDSOR
Rutland
RUTLAND
Springfield
UNITED
COUNSELING
SERVICE
WINDHAM
Bennington
Brattleboro
COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT
MENTAL HEALTH:
Community Mental
Health Services
VERMONT DEPARTMENT OF HIGHWAYS
DECEMBER 31,1974



COUNTY AND TOWN OUTLINE MAP OF VERMONT

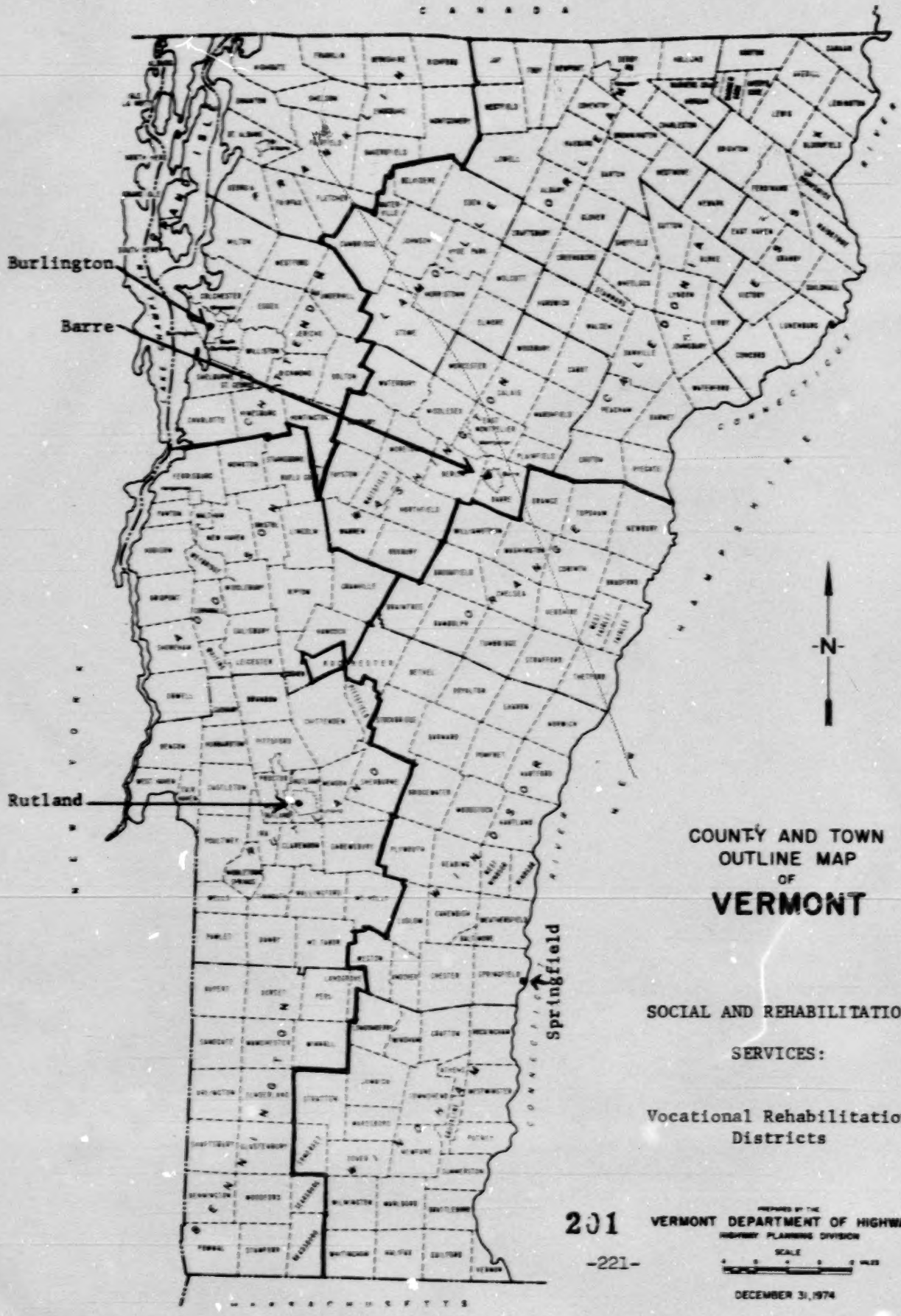
SOCIAL AND REHABILITATION SERVICES:

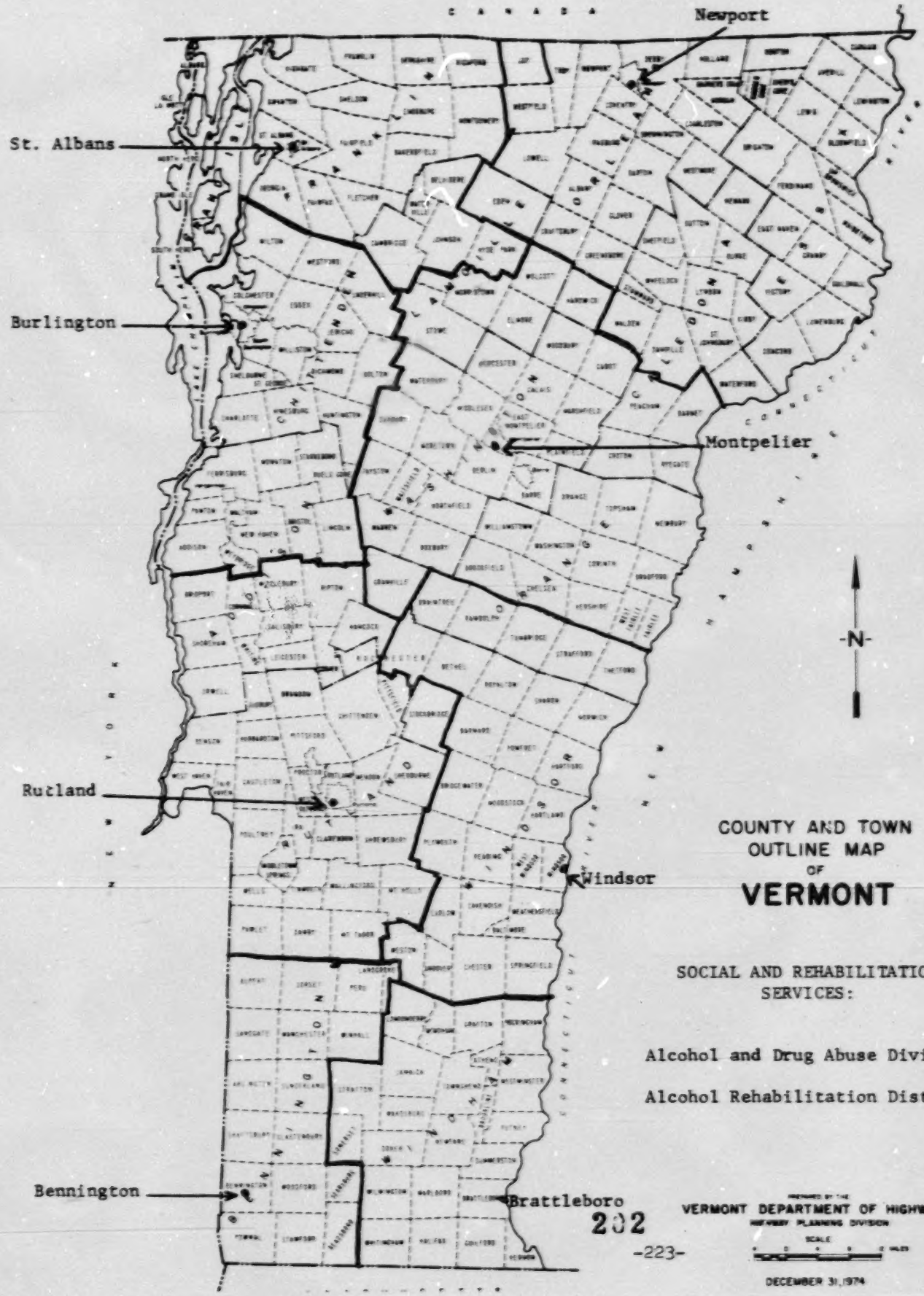
Social Services Districts

PREPARED BY THE VERMONT DEPARTMENT OF HIGHWAYS
HIGHWAY PLANNING DIVISION

SCALE

DECEMBER 31, 1974


CANADA
Burlington
Barre
Rutland
Springfield
-N-
COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT
SOCIAL AND REHABILITATION
SERVICES:
Vocational Rehabilitation
Districts
201
VERMONT DEPARTMENT OF HIGHWAYS
HIGHWAY PLANNING DIVISION
SCALE
DECEMBER 31, 1974



COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT

SOCIAL AND REHABILITATION
SERVICES:

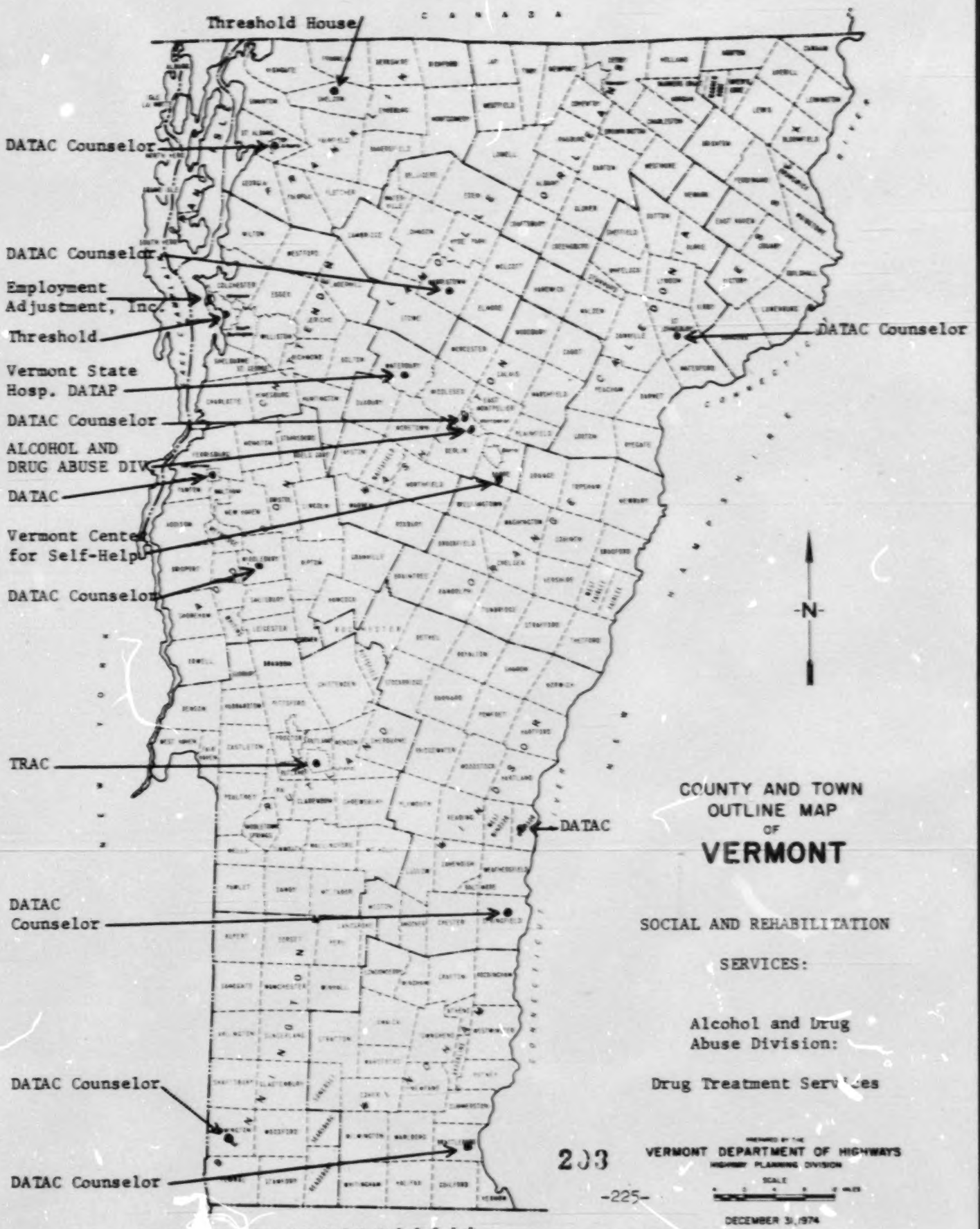
Alcohol and Drug Abuse Division:

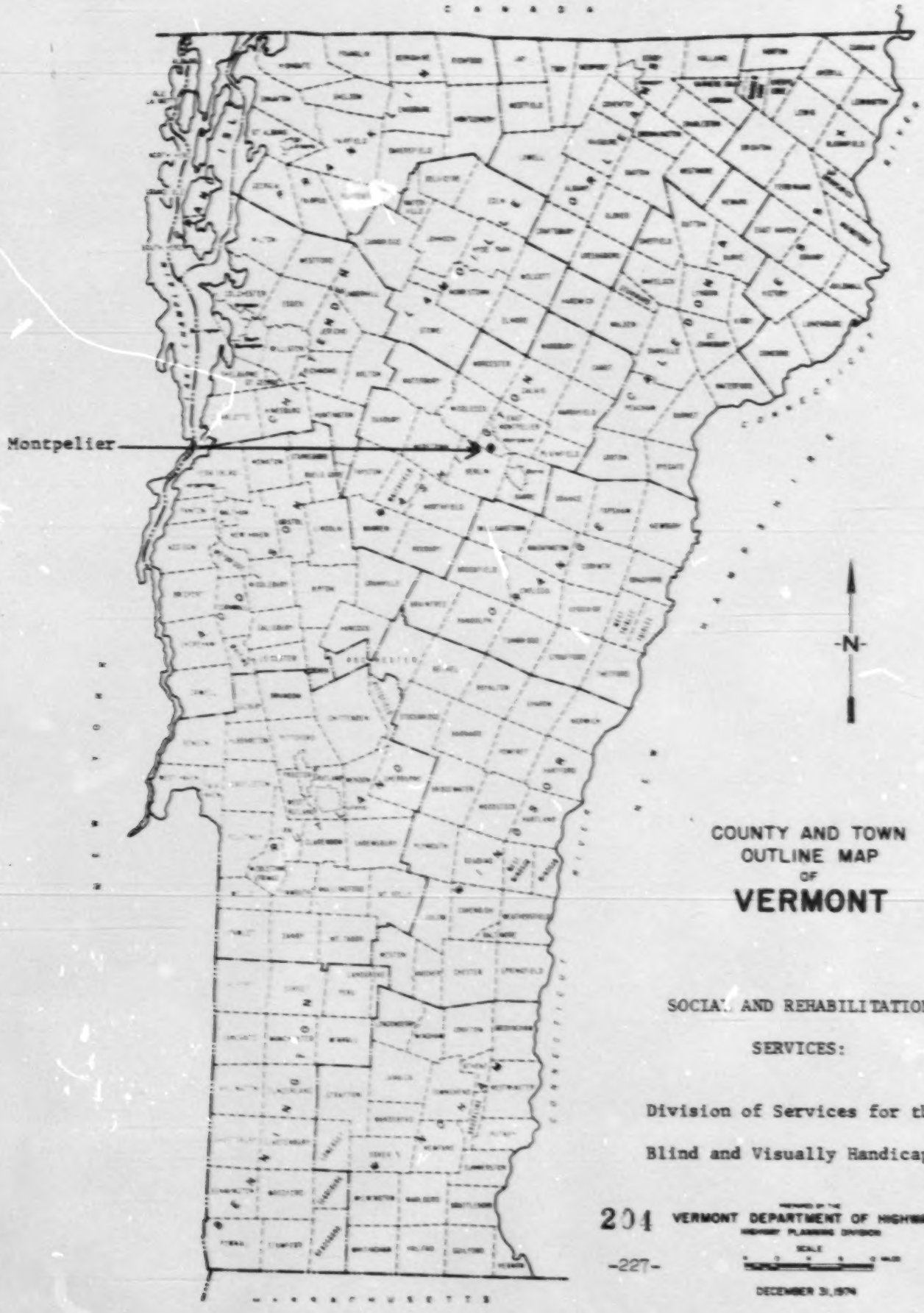
Alcohol Rehabilitation Districts

PREPARED BY THE
VERMONT DEPARTMENT OF HIGHWAYS
HIGHWAY PLANNING DIVISION

SCALE

DECEMBER 31, 1974


Threshold House
DATAC Counselor
DATAC Counselor
Employment Adjustment, Inc.
Threshold
Vermont State Hosp. DATAP
DATAC Counselor
ALCOHOL AND DRUG ABUSE DIV
DATAC
Vermont Center for Self-Help
DATAC Counselor
TRAC
DATAC
DATAC Counselor
DATAC Counselor
DATAC Counselor
DATAC Counselor
CANADA
MASSACHUSETTS
N
COUNTY AND TOWN OUTLINE MAP OF
VERMONT
SOCIAL AND REHABILITATION SERVICES:
Alcohol and Drug Abuse Division:
Drug Treatment Services
PREPARED BY THE VERMONT DEPARTMENT OF HIGHWAYS HIGHWAY PLANNING DIVISION
SCALE
DECEMBER 31, 1974



COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT

SOCIAL AND REHABILITATION
SERVICES:

Division of Services for the
Blind and Visually Handicapped

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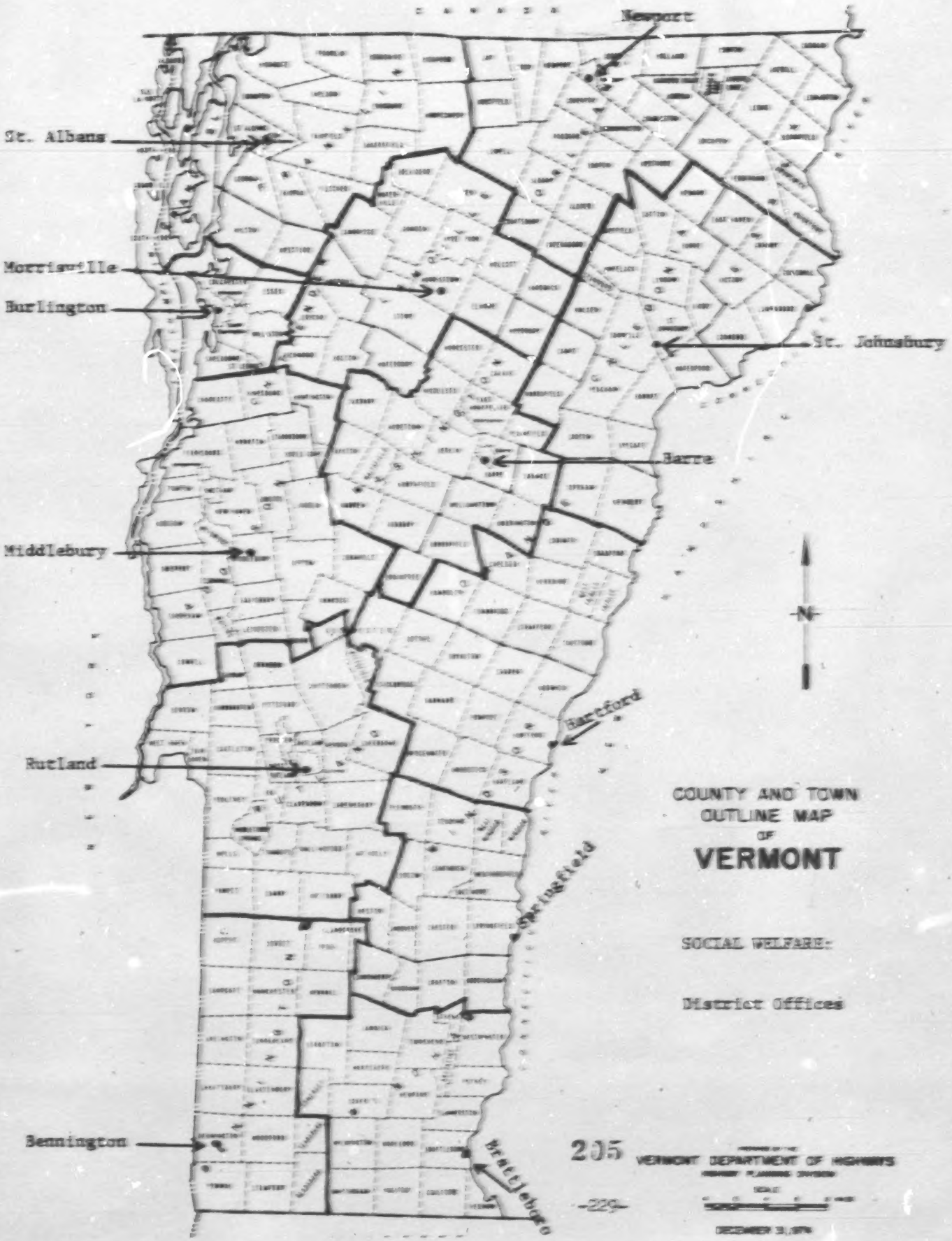
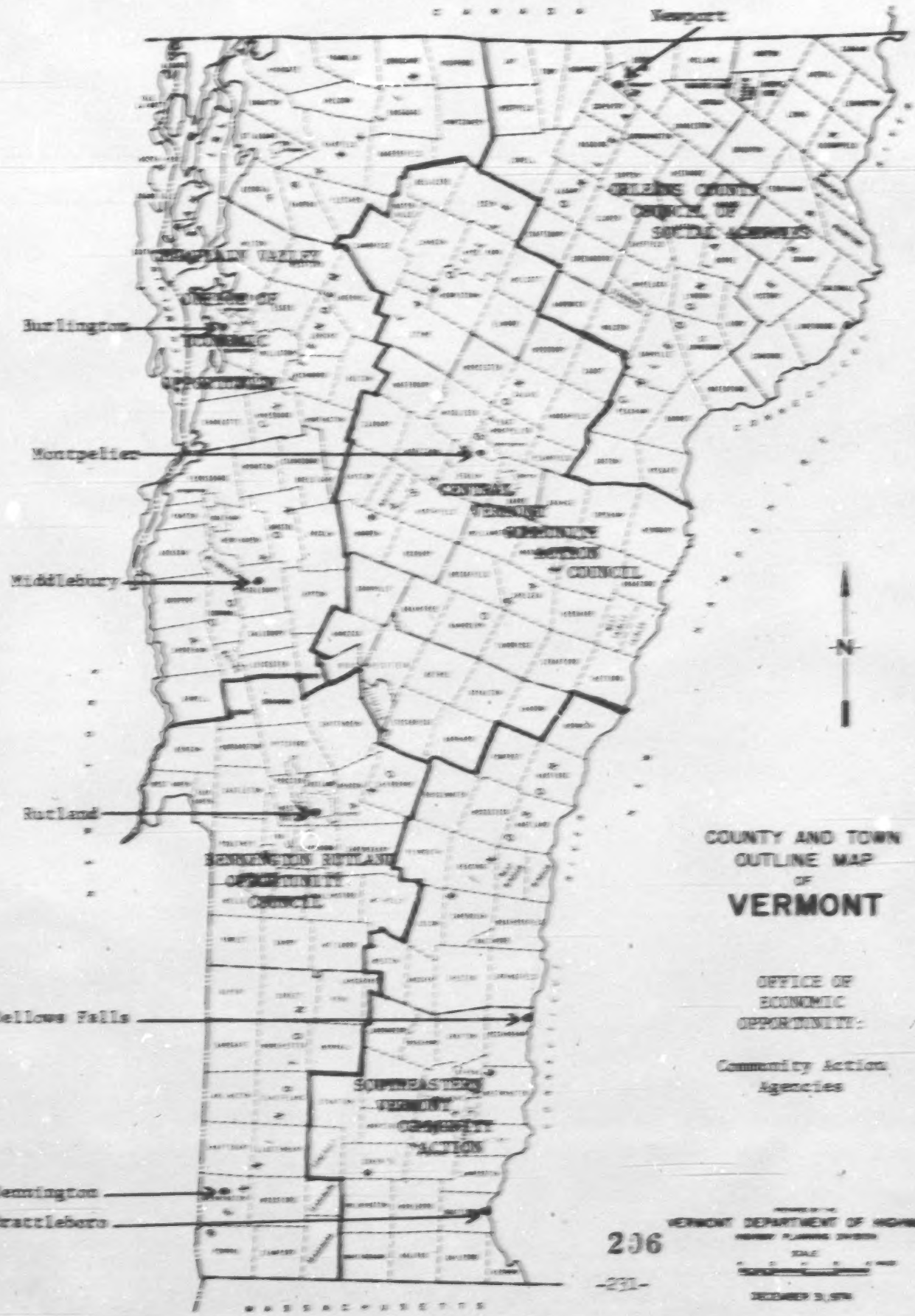
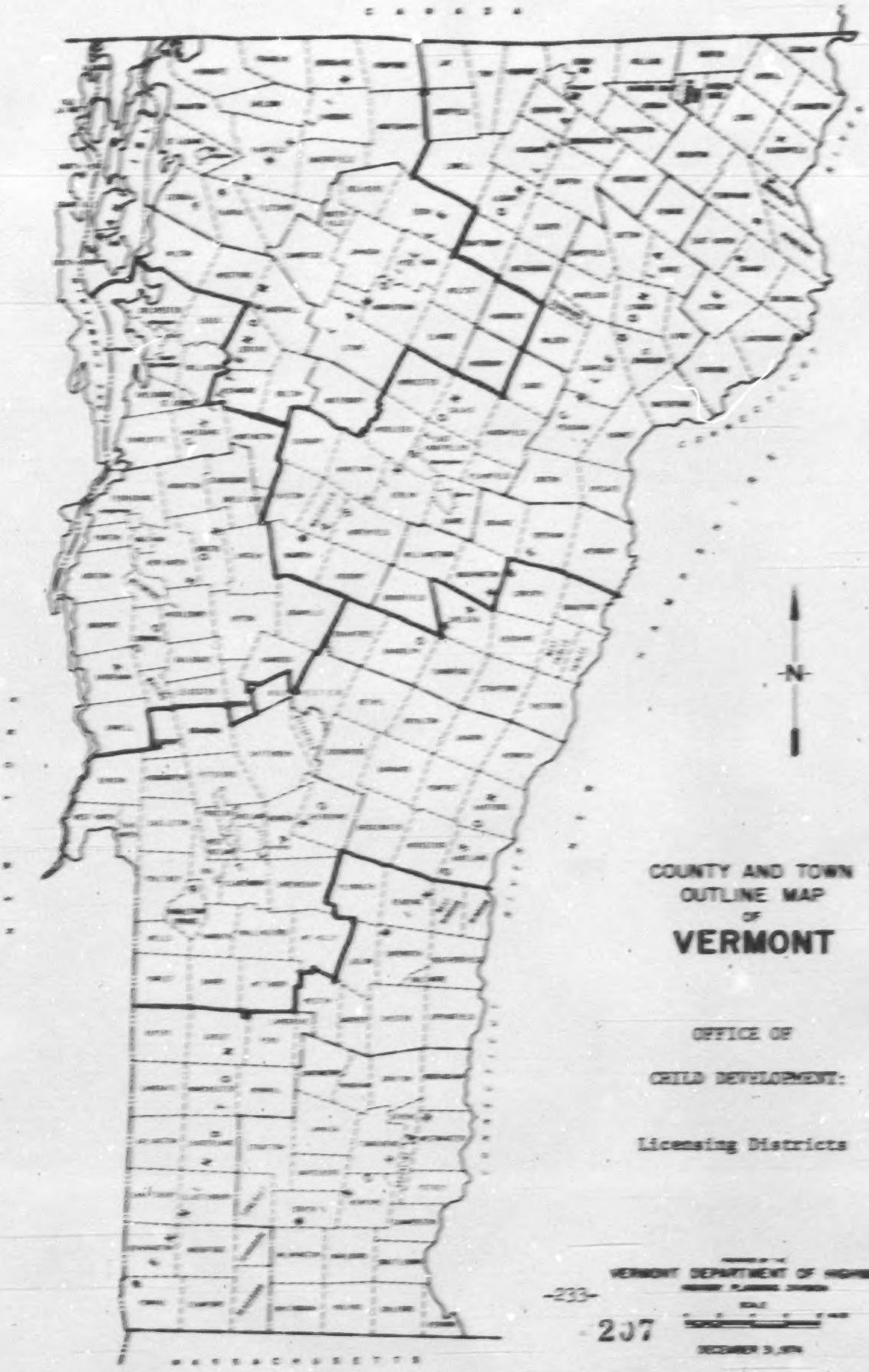
PREPARED BY THE
VERMONT DEPARTMENT OF HIGHWAYS
HIGHWAY PLANNING DIVISION

SCALE

DECEMBER 31, 1974


CANADA
Newport
St. Albans
Morrisville
Burlington
St. Johnsbury
Barre
Middlebury
N
Hartford
Rutland
Springfield
Bennington
Brattleboro
COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT
SOCIAL WELFARE:
District Offices
205
VERMONT DEPARTMENT OF HIGHWAYS
-229-


Newport
Burlington
Montpelier
Middlebury
Rutland
Bellows Falls
Bennington
Brattleboro
N
COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT
OFFICE OF
ECONOMIC
OPPORTUNITY:
Community Action
Agencies
VERMONT DEPARTMENT OF HIGHWAYS



COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT

OFFICE OF

CHILD DEVELOPMENT:

Licensing Districts

VERMONT DEPARTMENT OF HIGHWAYS

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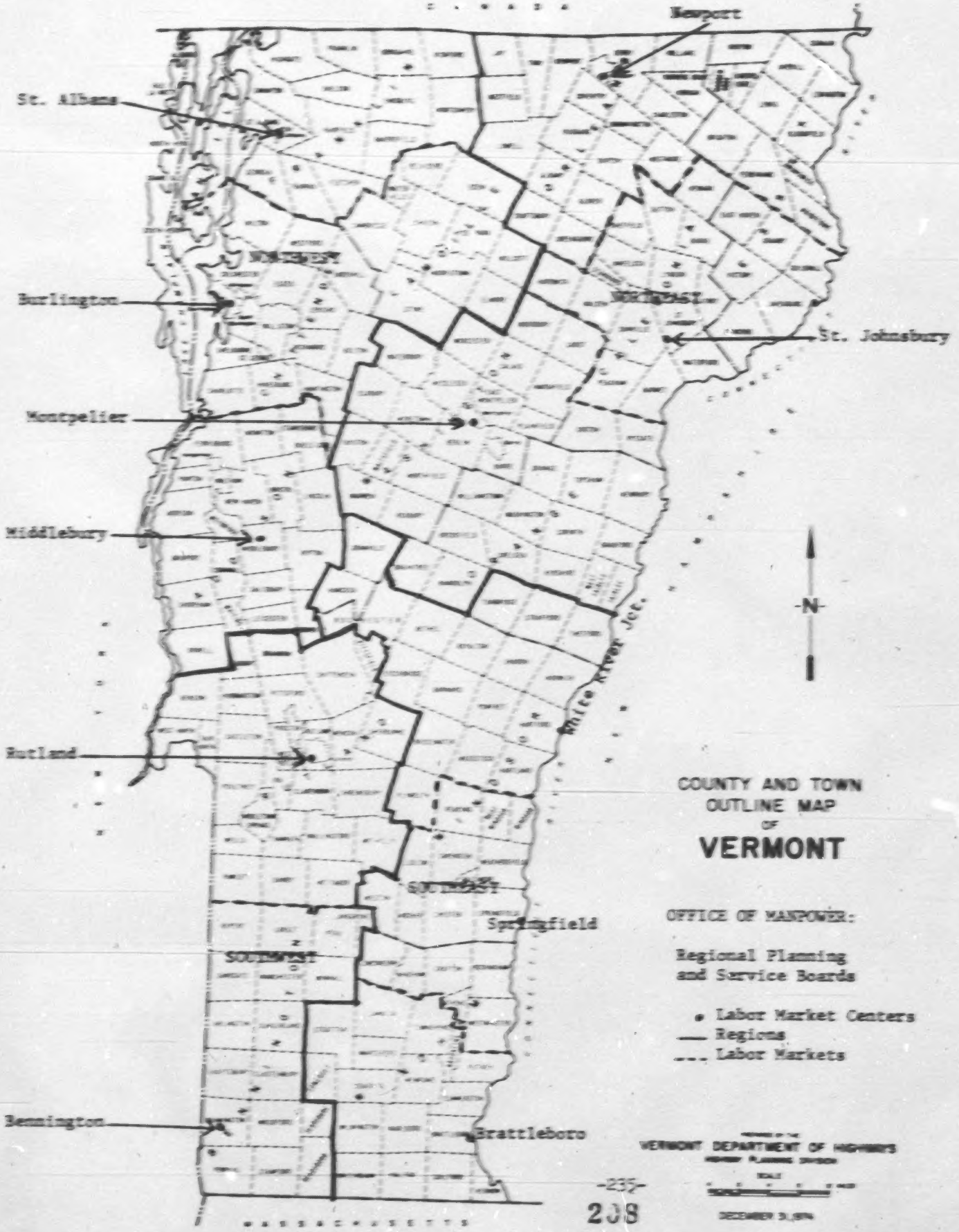
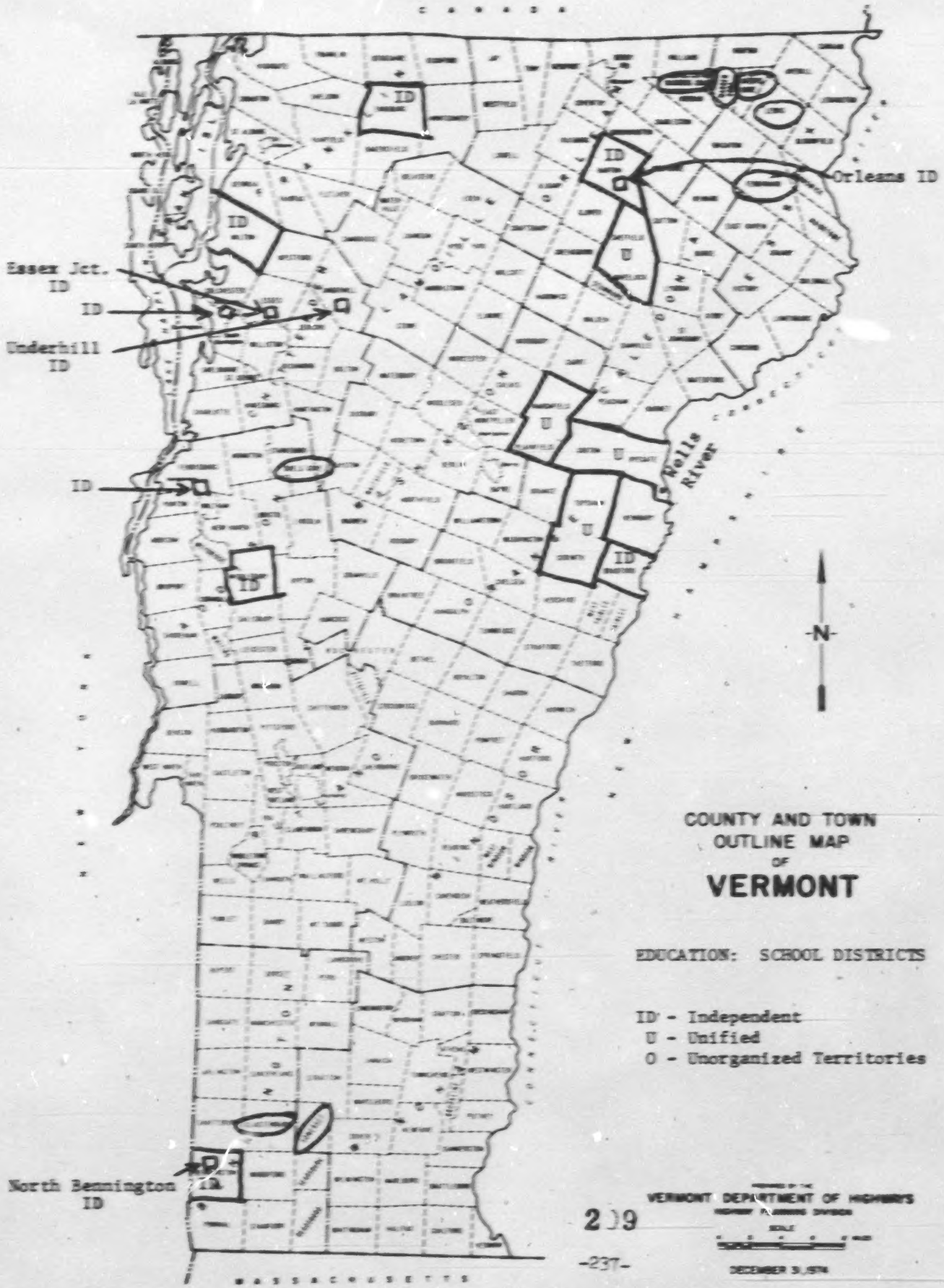

Newport
St. Albans
Burlington
Montpelier
Middlebury
Rutland
Bennington
St. Johnsbury
Springfield
Brattleboro
White River Jct.
N
COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT
OFFICE OF MANPOWER:
Regional Planning
and Service Boards
Labor Market Centers
Regions
Labor Markets
VERMONT DEPARTMENT OF HIGHWAYS



COUNTY AND TOWN OUTLINE MAP OF VERMONT

EDUCATION: SCHOOL DISTRICTS

ID - Independent
U - Unified
O - Unorganized Territories

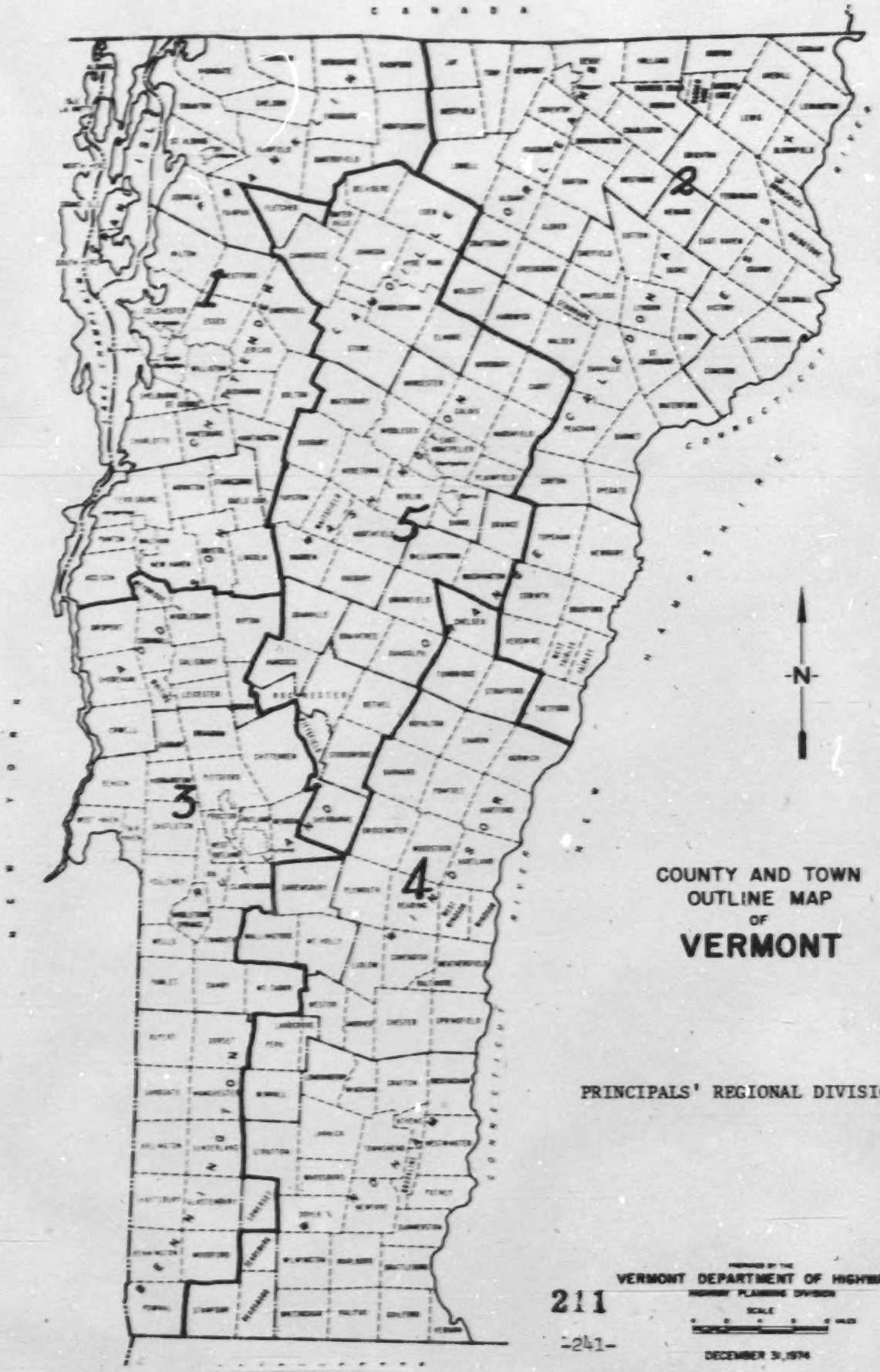
VERMONT DEPARTMENT OF HIGHWAYS
HIGHWAY PLANNING DIVISION
SCALE
DECEMBER 31, 1974

VERMONT

VERMONT - SUPERINTENDENTS OF SCHOOLS

*-District No.				
46	---vacancy	Thetford	785-[illegible]	[illegible]
31	BRAIST, John	Derby	766-[illegible]	[illegible]
4	BENNETT,Lyn	East Barre	244-[illegible]	[illegible]
17	BOYES, Ronald	Fairfax	849-[illegible]	[illegible]
45a	BURTON, Henry	S.Ellenburgh N.Y.	877-[illegible]	[illegible]
48	CHESLEY, Thomas	Lyndon	748-[illegible]	[illegible]
48	CUSICK, James	Brattleboro	254-[illegible]	[illegible]
22	DEMARIS, Clinton	St.Albans Rm.519	524-[illegible]	[illegible]
23	DICEY, Sidney	St. Albans	524-[illegible]	[illegible]
43	EVANS, Robert	Northfield	485-[illegible]	[illegible]
55	ENRIGHT, Raymond	Canaan,N.H.	[illegible]	[illegible]
20	FORTIN, Forest	Richford	848-[illegible]	[illegible]
7	GRIMLEY, Richard	Colchester Rt.15	658-[illegible]	[illegible]
32	GROTON, Robert	RFD Montpelier	223-[illegible]	[illegible]
1	HALL, Keith	Bristol	453-[illegible]	[illegible]
34	HENRY, Paul	Orleans	754-[illegible]	[illegible]
17	HOCKLIN, Robert	Hinesburg	482-[illegible]	[illegible]
6	HOULIHAN, Edward	Manchester Ctr.	362-[illegible]	[illegible]
26	HURLEY, Alfred	Jacksonville	874-[illegible]	[illegible]
53	IPPOLITO, Paul	Chester	875-[illegible]	[illegible]
45	JOHNSON, Charles	Hardwick	472-[illegible]	[illegible]
30	JONES, Donald	S. Royalton	763-[illegible]	[illegible]
42	KNOX, Robert	Waterbury	244-[illegible]	[illegible]
36	KELLEY, Lloyd	Brandon	247-[illegible]	[illegible]
51	KENNY, John	Bridgewater	672-[illegible]	[illegible]
44	LYON, Ernest	Barre	476-[illegible]	[illegible]
50	MARTIN, Wallace	Rochester	767-[illegible]	[illegible]
19	MCCARTY, Fabian	Concord	695-[illegible]	[illegible]
3	MORSE, Harold	Middletown	388-[illegible]	[illegible]
10	WILSON, Richard	Milton	893-[illegible]	[illegible]
47	NOYES, Harry	Bellows Falls	463-[illegible]	[illegible]
29	OMER, Keith	Canaan	266-[illegible]	[illegible]
41	O'BRIEN, John	Plainfield	426-[illegible]	[illegible]
39	PHELPS,Elmon	Fluting	293-[illegible]	[illegible]
56	PIERCE, Sydney	Springfield	885-[illegible]	[illegible]
2	POTTER, David	Hardwick	877-[illegible]	[illegible]
24	PRINO, Armand	N. Troy	372-[illegible]	[illegible]
29	PRICE, Reginald	Whitingville	492-[illegible]	[illegible]
28	vacancy	Randolph	728-[illegible]	[illegible]
35	REINHOLZ, Lawring	Burlington	863-[illegible]	[illegible]
54	REDING, Floyd	Saint Jo. Jct.	748-[illegible]	[illegible]
21	ROSS, John	Swanton Rt.223	868-[illegible]	[illegible]
25	ROBBINS,Allen	Johnson	635-[illegible]	[illegible]
9	ROBERTS, Llewellyn	Danville	684-[illegible]	[illegible]
11	SARGENT, Theodore	St. Johnsbury	748-[illegible]	[illegible]
38	SCHOOLL, Morris	Ludlow	228-[illegible]	[illegible]
27	SHERIDAN, Robert	Bradford	222-[illegible]	[illegible]
8	SICARD, David	Hyde Park	635-[illegible]	[illegible]
5	SLEEPER, George	Randolph	485-[illegible]	[illegible]
52	STANLEY, James	Windsor	674-[illegible]	[illegible]
49	TOURTELLOT,Clarence	Jacksonville	368-[illegible]	[illegible]
16	TUTTLE, Floyd	S.Burlington	862-[illegible]	[illegible]
14	WALKER, Theodore	Shelburne	985-[illegible]	[illegible]

1974



COUNTY AND TOWN
OUTLINE MAP
OF
VERMONT

PRINCIPALS' REGIONAL DIVISIONS

VERMONT DEPARTMENT OF HIGHWAYS
HIGHWAY PLANNING DIVISION
SCALE
DECEMBER 31,1974

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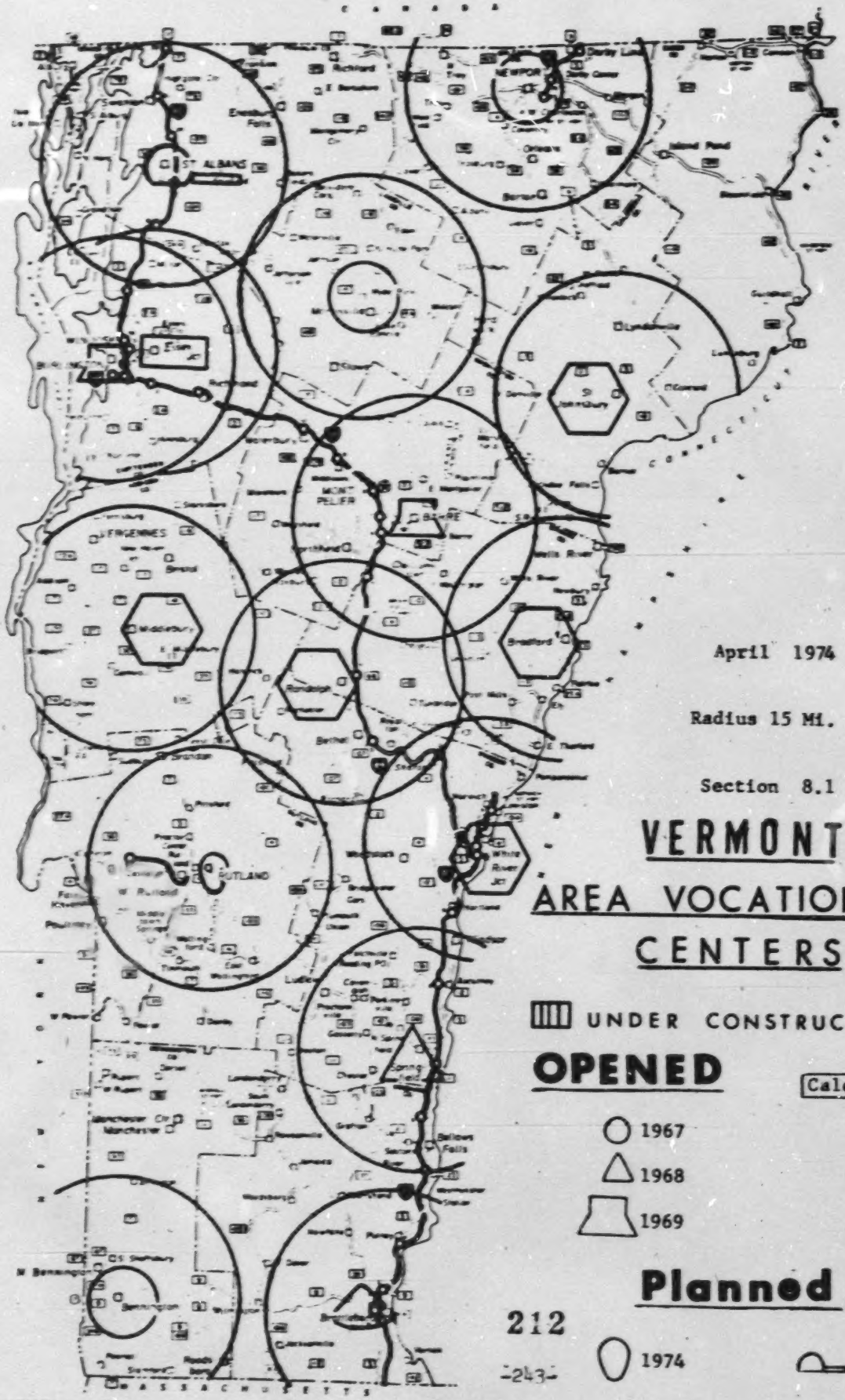

April 1974

Radius 15 Mi.

Section 8.1

VERMONT

AREA VOCATIONAL CENTERS

UNDER CONSTRUCTION

OPENED

Calendar Year

1967

1968

1969

1970

1971

1972

Planned

1974

1976

NO. 245. AN ACT TO ADD 33 V.S.A. CHAPTER 46 RELATING TO CHILD DEVELOPMENT.

(H. 497)

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 33 V.S.A. chapter 46 is added to read:

Chapter 46. Child Development

§ 3401. Definitions

Unless otherwise required by the context, the following definitions shall apply in this chapter:

(1) "Council" means the interagency council on child development.

(2) "Child development programs" means those programs designed to provide for children essential nutritional, educational, social, health, and mental health opportunities and services with the goal of helping children attain their full potential.

§ 3402. Creation

(a) There is created within the office of the governor, the interagency council on child development whose purpose is to develop a comprehensive plan for the coordination, delivery and expansion of services provided through the agencies, departments and divisions involved in child development programs.

(b) Meetings of the council shall be held in accordance with subchapter 2 of chapter 5 of Title 1.

§ 3403. Composition

(a) The composition of the council shall be as follows: the secretary of the agency of human services; the commissioners of education, social welfare, social and rehabilitation services, health, corrections, and mental health; the director of special education; the director of elementary and secondary education; and the director of the planning division of the agency of human services.

(b) The council shall elect a chairman from its membership.

§ 3404. Powers and duties

(a) The council shall have the duty to develop and present to the general assembly, no later than March 15, 1975, a comprehensive plan for the coordination, delivery and expansion of child development programs in Vermont and shall develop and present specific proposals necessary for implementation of the plan. In developing the plan the council shall give special consideration to the following:

(1) Encouragement of local communities to provide public and private support for the establishment and maintenance of programs and facilities for child development;

(2) Proposals for the establishment of training programs for child development personnel and parent education programs at state and local levels;

(3) Evaluation of current and proposed day care licensing requirements, with special emphasis on the appropriateness of such requirements;

(4) Review and evaluation of the gathering and disseminating of information on child development needs and resources;

(5) Development of a plan for the redistribution of resources and services where necessary;

(6) Approval of demonstration projects which may include:

(A) The use of head start programs and personnel to strengthen child development programs;

(B) Systems of local coordination of child development services;

(C) Alternative methods of licensing and approval for child development facilities;

(D) Further use of satellite systems of child care;

(E) Placement of screening and referral services in child care centers;

(F) Reimbursement methods for child development programs based on the cost of programs; and

(G) Such other programs as may result in more efficient or effective delivery of comprehensive child development programs.

(b) In developing the comprehensive plan, the council shall utilize and encourage the participation of consumers and providers of child care, specialists in child development and other interested persons.

Sec. 2. Staff

(a) The council may employ an executive secretary, who shall be knowledgeable in the field of child development, to assist in research, preparation of minutes and reports, scheduling of meetings and other duties the council may deem necessary.

(b) The salary of the executive secretary and other necessary expenses shall be borne by the agencies and departments involved in the interagency council. The staff employed for the purposes of this act shall be temporary employees and the positions shall terminate on June 30, 1975.

Sec. 3. This act shall take effect from passage.

Approved: April 8, 1974.

BIBLIOGRAPHY AND REFERENCE SOURCES

Materials which have proven useful to a collection of data about child development have been divided into four sections:

A. Directories and Information

B. Background and Theory

C. Interagency Cooperation

D. Plans

Included in the listing are entries which may help a neophyte learn which program functions are under which agencies as well as entries of a more theoretical nature. Two bibliographies of more completeness are available from ERIC, Department of Education and Early Childhood Education Position Paper. There was an attempt to list sources actually utilized in the data gathering which the Council has already completed. In addition, there are many fine sources listed in the above mentioned bibliographies.

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